

2026-2027 Kindergarten Registration Form
Westwood Baptist Weekday Education Ministry
1155 Alabaster Boulevard Alabaster AL 35007 Phone 205-663-2422

A Christ-Centered Environment Where Children Can Grow Spiritually, Emotionally, Socially, and Academically

Westwood Baptist Weekday Education Ministry admits students of any race, color, and national or ethnic origin. The registration fee is \$125.00 for each child, plus one-half month's tuition and is due at the time of registration (except 5K – see below). These fees are non-refundable. Kindergarten tuition will be paid in eight monthly payments beginning in September, except 5K, unless school begins earlier than September. No payment will be due in May since half a month's tuition was paid at registration and only half of tuition will be due in December. Should the Alabaster City/Shelby County School System calendar change, our calendar will be subject to change. Tuition is due on the 1st day of each month and is late after the 15th, when a \$25.00 late fee will be added. An activity/supply fee will be due in October. These fees are set during the summer and will be announced at a later date.

For the 5K class, only the registration fee of \$125.00 is due at the time of registration. 5K tuition will be paid in 8 ½ monthly payments, and tuition payments will begin in June. A contract is required and registrants will be contacted in April/May concerning same.

Please note classes may be added, dropped, or modified if registration warrants modifications to classes offered. Also, please understand that we are not trained or equipped to handle some situations. We will do our best to meet the needs of your child while meeting the needs of the other children in the classroom. However, if your child's behavior and actions are dangerous or disruptive to the learning environment, we reserve the right to ask you to find another preschool that better meets the needs of your child.

9:00 - 1:00	T-W-TH	T-W-TH-F	M-T-W-TH-F
Pre-Three	\$240.00 per month	N/A	N/A
3K	\$240.00 per month	\$260.00 per month	N/A
4K	\$240.00 per month	N/A	\$270.00 per month
5K	N/A	N/A	\$280.00 per month

Child's Name _____ Date of Birth _____

I am registering for (1st choice) _____ (2nd choice) _____

Other children being registered _____

Pick up time is 1:00 p.m. A \$5.00 late fee will be charged per child at 1:10 and every 15 minutes thereafter. You will sign out and pay the office when you pick up your child(ren). If you are consistently late picking up, the late fee will increase. After being late three times during the school year, the late fee will increase to \$10.00 per child at 1:10, and \$10.00 for every 15 minutes thereafter.

Please provide your child with a snack and lunch, whatever he/she likes. Water will be provided at snack time and lunch if needed. Please do not send anything with peanuts or tree nuts, including peanut butter. Please do not include candy or gum in lunches or snacks, and please do not send red drinks. Please make sure everything is labeled clearly with your child's name.

**** We require a paid two-week notice for withdrawal, and notice must be given in writing. ****

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Date _____

Child's Name _____ Name used at home _____

Date of Birth _____ Male _____ Female _____

Address _____ City _____ Zip _____

Mother's Name _____ Phone _____ Work Phone _____

Father's Name _____ Phone _____ Work Phone _____

E-Mail Address _____

Church Affiliation _____

EMERGENCY INFORMATION:

Name of Child's Doctor _____ Phone _____

Person authorized to act for parents in emergency (babysitter, relative, etc.)

Name _____ Phone _____ Alt. Phone _____

MEDICAL:

Any evidence of vision or hearing loss or difficulties? _____

Any evidence of speech disabilities? _____

Does child have special needs? No _____ Yes _____ Explain _____

Any allergies? _____ How does it manifest itself? _____

***Please be aware that we do not administer medications other than emergency medications. Medications cannot be kept in the classroom. All medications must be in the original packaging with child's name and prescription label with dosage information. We also require a Medication Authorization Form every 7 days and arrangements must be made prior to the first day of school. ***

List any medication or drugs taken regularly by child _____

FAMILY SITUATION:

Is child adopted? _____ If so, at what age? _____

Parents divorced? _____ Death of parent? (which) _____

Names and ages of other children in the home _____

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SOCIAL AND PHYSICAL GROWTH:

Is your child: (1) Right or left-handed _____ (2) Impulsive _____

(3) Unusual fears _____ (4) Excitable _____ (5) Shy _____

(6) Potty-trained _____ Stage of Training (Complete, In Progress, Etc.) _____

* All children entering 3K and up must be fully potty trained by the first day of school. *

(7) What problems does your child have that concern you most? _____

EXPERIENCES WITH OTHERS:

Has your child had any group experiences? _____

What are some of the ways your child plays at home? _____

Favorite T.V. Programs _____

Favorite Foods _____ Favorite Toys _____

Special Interests _____

Does your child play well with others? _____

How does your child react when he/she does not get his/her way? _____

How often do you read to your child? _____

List methods of discipline used with your child. _____

In what ways do you expect our program to help your child? _____

If there is any other helpful information you feel we need to know about your child, please feel free to write it here and/or on the reverse side.

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PARENT AGREEMENT FORM

Child's Name _____ Date _____

MEDICAL TREATMENT/CARE

Does child have any allergies? _____ How does it manifest itself? _____

Does child have any disabilities or unusual fears? _____

Child's Doctor _____ Office Telephone _____

Should my child, _____ become ill or suffer an accident which requires immediate medical attention while he or she is in the care of Westwood Baptist Weekday Education Ministry, the center shall undertake to contact me. In the event the center is unable to reach me immediately, the center and/or its designated staff shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Parent or Guardian Signature

People authorized to pick up your child:

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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FIELD TRIPS

I understand that special trips are planned for the children away from the preschool throughout the school year. I am aware that I will be notified when these trips are to occur and that they will be carefully arranged and supervised by an adequate number of adults. I am aware that Pre-3 and 3-Year-Old Kindergarten classes require one adult to attend with each child. 4K and 5K students may also require an adult to attend if behavior or special circumstances warrant it. If an adult cannot attend with 4K or 5K students, transportation and responsibility for the child must be arranged by the parent for someone other than the teacher. By signing below, parent assumes the responsibility for the child to attend these trips, and he/she has my permission to attend.

Parent or Guardian Signature

You will be asked to drive on field trips, so we need your auto insurance information. Auto Insurance Co. _____

Insurance # _____ Telephone # _____

I give permission for parent's names and contact information to be given to other parents for parties, classroom activities, etc.

Parent or Guardian Signature (optional)