

2026-2027 Mom's Day Out 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

HOURS: 9:00 - 1:00 Tuesday – Wednesday – Thursday – Friday

TO REGISTER: Fill out registration form and return with a fee of \$125.00 per child for one day enrolled. Also, one-half of the monthly tuition will be due at the time of registration (these fees are non-refundable). Westwood Weekday Education admits students of any race, color, and national or ethnic origin. Classes or days may be added, dropped, or modified if registration warrants modification in 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.

For each day registered:	Monthly Tuition \$105.00 (\$20.00 discount for 3 rd & 4 th day)	Classes Offered 5 - 14 months T-W-TH-F 15 - 24 months T-W-TH-F Younger 2-year-olds T-W-TH
Drop-In Fee (if space is available)	\$40.00 per day	

Drop-in reservations may be made if positions are available by calling 205-663-2422 in advance. Fees for drop-in reservations must be paid when you drop off your child each morning.

Fees are due on the 1st of each month and late after the 15th, when a late fee of \$25.00 will be added. You can make checks payable to **Westwood Weekday Education**. If there are any problems, please contact us at 205-663-2422. **No refunds on days missed or substitution of days. We require a paid two-week notice for withdrawal, and notice must be IN WRITING.**

SIGNING IN/OUT: As drop off and pick up your child each day, please sign the check-in/out list at the door. Write your child's name and a number where you can be reached. If you are unable to be reached, leave the name and number of a relative or neighbor to call in the event of an emergency. If someone other than the parent will be picking up the child, please notify either the Director or your child's teacher in writing. Remember to sign out when you pick up your child.

LUNCHES: Please provide your child with a snack and lunch, whatever he/she likes. Water will be provided at snack and lunch. Please bring a sippy cup for 2-year-olds and younger. Please do not send anything with peanuts or tree nuts. This includes anything with peanut butter. Also, please do not send candy or gum in lunches, and please do not send red Kool-Aid or drinks. Please place your child's snack in a bag separate from his/her lunch (brown paper bag), and please label everything clearly with the child's name.

LATE FEE: Please pick up your child by 1:00. A late fee of \$5.00 will be charged per child at 1:10 and every fifteen minutes thereafter. Please sign in and pay at the office when you pick up your child. If your child is consistently picked up late, 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 every 15 minutes thereafter.

DAILY PREP: Bring plenty of disposable diapers and a change of clothes. Written instructions are often helpful for very young babies. Bottles and baby food may be left in an insulated diaper bag, but please label everything with your baby's name.

SICK CHILDREN: PLEASE do not bring your child if he has shown any sign of illness in the past 24 hours. If illness is detected during the day, you will be called to come get your child. A special form must be filled out weekly before we can give your child medicine. Ask the office or teacher for the form.

RECORDS NEEDED: Please submit a Certificate of Immunization for each child. You will also need to sign and have notarized an affidavit for DHR.

CALENDAR: We will observe all holidays, teacher workdays, etc. for the Alabaster City/Shelby County School Systems. Inclement weather days will be determined on a case-by-case basis by the director, and we will notify you of delayed or early closings, no school, etc. PLEASE DO NOT CALL THE SCHOOL as we need our phone line for emergencies. In the event of school closure, we will close one (1) hour before the Alabaster City/Shelby County Schools or as quickly as possible, if necessary.

SUPPLIES: Two containers of baby wipes, one container of disinfectant wipes and disinfectant spray, and one box of tissue for all ages (September & January). A small activity/supply fee will be due in October.

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Date _____

Child's Name _____ Male _____ Female _____

Name you want the child called _____ Birthdate _____

Address _____ City _____ Zip _____

Mother's Name _____ Phone _____ Work Phone _____

Father's Name _____ Phone _____ Work Phone _____

E-Mail Address _____

Church Affiliation _____

Person authorized to act for parents in emergency _____

Phone _____ Alt. Phone _____

Doctor's Name _____ Doctor's Phone _____

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

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

I am registering for Fall MDO (circle days that apply) TUESDAY WEDNESDAY THURSDAY FRIDAY

Other children being registered _____

***Authorization to give telephone number or address to other moms for parties, classroom activities, etc. (optional)**

Signature _____

Only the people listed below are authorized to pick up my child unless contacted by parent or legal guardian:

Name _____ Phone _____ Address _____

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

Signature _____ Date _____

Please add any information about your child you feel might help us understand them better. (OVER)