

**2021-2022 Mom's Day Out Registration Form**  
**Westwood Baptist Weekday Education Ministry**  
**1155 Alabaster Boulevard Alabaster, AL 35007 205-663-2422**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Name you want the child called \_\_\_\_\_ Birthdate \_\_\_\_\_ Age Now \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Relative of the child other than parents \_\_\_\_\_ Phone \_\_\_\_\_

Friend or neighbor who might be reached when you cannot \_\_\_\_\_ Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

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 out telephone number or address to other moms.** \_\_\_\_\_ **(Signature)**

Only the people listed below, **including spouse**, are authorized to pick up my child unless I send a note.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

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 such 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 cost incurred. We will occasionally take pictures of your child to be used for educational purposes in the classroom.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**No refunds on days missed or substitution of days. We require a paid two-week notice for withdrawal, and notice must be in writing. If a two-week notice is given and a full month's tuition has already been paid, we will refund or give credit for the half month's tuition that was paid at registration. If a two-week notice is not given and paid, no money will be refunded.**

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

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HOURS: 9:00 - 1:00 Tuesday, Wednesday, Thursday, Friday (depending on class)

TO REGISTER: Fill out registration form and return with a fee of \$70.00 per child for one day enrolled. For each additional day, add \$5.00 to registration fee (these fees are NON-REFUNDABLE). Also, one-half of a month's tuition will be due at the time of registration. Westwood Weekday Education admits students of any race, color, and national or ethnic origin. Classes may be added, dropped or modified if registration warrants changes in classes offered.

	Monthly Tuition	Classes Offered	Classes Offered			
	T W Th or F		T	W	Th	F
For each day registered:	\$70.00	5 - 14 months	X	X	X	X
		15 - 24 months	X	X	X	
		Younger 2 yr olds	X	X	X	

Drop-In Fee (if space is available) \$20.00 per day

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

Fees are due on the first of each month and late after the fifteenth, when a late fee of \$10.00 will be added. You can make checks payable to **Westwood Weekday Education**. If there is any problem, please contact us at 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. If a two-week notice is given and a full month's tuition has already been paid, we will refund or give credit for the half month's tuition that was paid at registration. If a two-week notice is not given and paid, no money will be refunded.**

**SIGNING IN/OUT:** As you leave your child and pick up your child each day, please sign the check-in/out list at the door. Write your child's name and where you can be reached. If you will be 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 the 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 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 each 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 three times being late during the school year, the late fee will increase to \$10.00 per child at 1:10, and \$10.00 every 15 minutes thereafter.

**BED BABIES & TODDLERS:** 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.

**MEDICAL RECORDS:** Please submit a Certificate of Immunization for each child.

**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 wipes, one container of disinfectant wipes, one box of tissues, and disinfectant spray for all ages (September & January). A small activity/supply fee will be due in September.