

MOUNT ZION BAPTIST CHURCH WEEKDAY EDUCATIONAL PROGRAM

2025-2026 Registration Form

256-830-4422 weekday@mzbc.net

For Office Use Only

Nursery Born after 9/1/24

M_T_W_TH_F_

Teacner_____

Toddler 1 3/24-8/24

M_T_W_TH_F_

Teacher_____

Toddler 2 9/23-2/24

M_T_W_TH_F_

Teacher_____

2 Year olds 9/22-8/23

M_T_W_TH_F_

Teacher_____

3 year olds 9/21-8/22

M_T_W_TH_F_

Teacher_____

Completely Potty Trained ?_____

4 year olds 9/20-8/31/21

M_T_W_TH_F_

Teacher_____

Pre K Must be

5 years old by 9/1/26

M_T_W_TH_F_

Teacher_____

Kindergarten

Must be 5

by 9/1/25

M_T_W_TH_F_

Teacher_____

Registration Fee:_____

Immunization Record:_____

CHILD'S INFORMATION

Child's Full Name_____ Birthdate:_____ Gender: F M (Check One)

Street Address:_____ City:_____ State:_____ Zip:_____

Child's Legal Guardian (s): (Check One) () Both Parents () Mother () Father () Other _____

Does child have a sibling in the program? Name:_____

PARENT'S INFORMATION

Mother/Guardian:_____ Father/Guardian:_____

Address:_____ Address:_____

Cell Phone:_____ Cell Phone:_____

Work Phone:_____ Work Phone:_____

Email Address:_____ Email Address:_____

Party Responsible for Payment of Tuition:

Name:_____ Email:_____

For billing purposes only

Who do we call?

(We usually use these numbers if your child gets a fever, vomits or has diarrhea at school and we cannot reach you.)

Please list the order of whom to call:

Name_____ Phone_____

Name_____ Phone_____

OTHER THAN PARENTS, CHILD MAY BE RELEASED TO:

Name_____ Name_____

Name_____ Name_____

Please check all that apply to your child: Allergies EPI Pen

Special Needs Special Medical Needs Developmental/Speech Delays

Details on above needs:_____

Signature of Parent/Legal Guardian_____

Would you ever be interested in being a paid substitute in the event one of the staff members is absent?

____ YES

____ NO