

# 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\_

Teacher\_\_\_\_\_

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