

MOUNT ZION BAPTIST CHURCH WEEKDAY EDUCATIONAL PROGRAM

2026-2027 Registration Form

256-830-4422 weekday@mzbc.net

For Office Use Only

Nursery Born after 9/1/25
M_T_W_TH_F_
Teacher _____

Toddler 1 3/25-8/25
M_T_W_TH_F_
Teacher _____

Toddler 2 9/24-2/25
M_T_W_TH_F_
Teacher _____

2 Year olds 9/23-8/24
M_T_W_TH_F_
Teacher _____

3 year olds 9/22-8/23
M_T_W_TH_F_
Teacher _____
Completely Potty Trained? _____

4 year olds 9/21-8/31/22
M_T_W_TH_F_
Teacher _____

Pre K Must be
5 years old by 9/1/27
M_T_W_TH_F_
Teacher _____

Kindergarten
Must be 5
by 9/1/26
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