

**2024-2025 Kindergarten Registration Form**  
**Westwood Baptist Weekday Education Ministry**  
**1155 Alabaster Boulevard Alabaster AL 35007 Ph: 205-663-2422**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Name used at home \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

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

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

**EMERGENCY INFORMATION:**

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Person authorized to act for parents in emergency (babysitter, relative, etc.)

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

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

**MEDICAL:**

Any evidence of vision or hearing loss or difficulties? \_\_\_\_\_

Any allergies? \_\_\_\_\_ How does it manifest itself? \_\_\_\_\_

Any evidence of speech disabilities? \_\_\_\_\_

Does child have any special needs? No \_\_\_\_\_ Yes \_\_\_\_\_ Explain \_\_\_\_\_

List any medication or drugs taken regularly by child \_\_\_\_\_

**FAMILY SITUATION:**

Is child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Parents divorced? \_\_\_\_\_ Death of parent? (which) \_\_\_\_\_

Names and ages of other children in the home \_\_\_\_\_

**SOCIAL AND PHYSICAL GROWTH:**

Is your child: (1) Right or left-handed \_\_\_\_\_ (2) Impulsive \_\_\_\_\_

(3) Unusual fears \_\_\_\_\_ (4) Excitable \_\_\_\_\_ (5) Shy \_\_\_\_\_

(6) Potty-trained \_\_\_\_\_ Stage of Training (Complete, In Progress, Etc.) \_\_\_\_\_

(7) What problems does your child have that concern you most? \_\_\_\_\_

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EXPERIENCES WITH OTHERS:

Has your child had any group experiences? \_\_\_\_\_

What are some of the ways your child plays at home? \_\_\_\_\_

Favorite T.V. Programs \_\_\_\_\_

Favorite Foods \_\_\_\_\_ Favorite Toys \_\_\_\_\_

Special Interests \_\_\_\_\_

Does your child play well with others? \_\_\_\_\_

How does your child react when he/she does not get his/her way? \_\_\_\_\_

How often do you read to your child? \_\_\_\_\_

List methods of discipline used with your child. \_\_\_\_\_

In what ways do you expect our program to help your child? \_\_\_\_\_

If there is any other helpful information you feel we need to know about your child, please feel free to write it on the reverse side.

Westwood Baptist Weekday Education Ministry admits students of any race, color, and national or ethnic origin. The registration fee is \$100.00 for each child, plus one-half month's tuition is due at the time of registration (except 5K). A refund of the half month's tuition is available until August 1, but will be refunded in September. Any request for refund must be in writing. Kindergarten tuition will be paid in eight monthly payments beginning in September, except 5K, unless school begins earlier than September. No payment will be due in May since a half month's tuition was paid at registration. Should the Alabaster City/Shelby County School System calendar change, our calendar will be subject to change. Tuition is due on the 1st day of each month and is late after the 15th, when a \$10.00 late fee will be added. An activity/supply fee will be due in October. These fees are set during the summer and will be announced at a later date. A signed contract is required for the 5K class, and tuition payments will begin in June (registrants will be contacted at a later date concerning same). Please note classes may be added, dropped, or modified if registration warrants changes in classes offered.

| 9:00 - 1:00 | T-TH                         | M-W-F    | T-W-TH   | T-W-TH-F |                     |
|-------------|------------------------------|----------|----------|----------|---------------------|
| Pre-Three   | N/A                          | N/A      | \$210.00 | N/A      |                     |
| Three Year  | \$190.00                     | \$210.00 | \$210.00 | N/A      | First Choice _____  |
| Four Year   | N/A                          | N/A      | \$210.00 | \$220.00 |                     |
| Five Year   | \$230.00 5 days (M-T-W-TH-F) |          |          |          | Second Choice _____ |

I am registering for \_\_\_\_\_ Other children being registered \_\_\_\_\_  
 (Class)

Pick up time is 1:00 p.m. A \$5.00 late fee will be charged per child at 1:10 and each 15 minutes thereafter. You will sign out and pay the office when you pick up your child(ren). If you are consistently late picking up, 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 for every 15 minutes thereafter.

Please provide your child with a snack and lunch, whatever he/she likes. Water will be provided at snack and lunch.

**\*\*We require a paid two-week notice for withdrawal, and notice must be given 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 two-week notice is not given and paid, no money will be refunded.**

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**PARENT AGREEMENT FORM**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Medical Treatment / Care

Does child have any allergies? \_\_\_\_\_ How does it manifest itself? \_\_\_\_\_

Does child have any disabilities or unusual fears? \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor Address \_\_\_\_\_

Office Telephone \_\_\_\_\_

Should my child, \_\_\_\_\_ become ill or suffer an accident of any character while he or she is in the care of Westwood Baptist Weekday Education Ministry, the center shall undertake to contact me. In the event the center is unable to reach me immediately, the center and/ or its designated staff shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

\_\_\_\_\_  
(Parent or Guardian Signature)

People authorized to pick up your child, including spouse:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

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FIELD TRIPS

I understand that special trips are planned for the children away from the preschool throughout the school year. I am aware that I will be notified when these trips are to occur and that they will be carefully arranged and supervised by an adequate number of adults. I am aware that Pre-3 and 3-Year-Old Kindergarten classes require one adult to attend with each child. I am willing to assume the responsibility for Westwood Baptist Kindergarten to take my child on these trips and he/she has my permission to attend.

\_\_\_\_\_  
Parent or Guardian Signature

You will be asked to help drive on field trips; we need your auto insurance information. Auto Insurance Co. \_\_\_\_\_

Insurance # \_\_\_\_\_ Telephone # \_\_\_\_\_

**\*\*Parent names and contact information may be given to other parents for party contact, classroom activities, etc. \*\***

\_\_\_\_\_  
Parent or Guardian Signature