MOTHER'S MORNING OUT & KINDERGARTEN

256.852.9571

PINEVIEW BAPTIST CHURCH

PLEASE COMPLETE AND RETURN WITH **$50.00** NON REFUNDABLE REGISTRATION FEE PER CHILD

School year: _____ Mothers Morning Out Hours: 9:30-1:30 Date: _____

Check days of the week you are registering for:

☐ **Nursery** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ **Two thru Four** ☐ Tuesday/Thursday ☐ Monday/wednesday/Friday ☐ Monday thru Friday

☐ **Kindergarten** ☐ Monday thru Friday

Child Info

Child's name: _____
(Last) (First) (Middle)

Name Child prefers to be called: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Parents Info

Father's Name: _____ Employer: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

E-mail: Father's: _____ Mother's: _____

Siblings

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Name: _____ Birthday: _____

Party Responsible for Payment of Tuition:

Name: _____ Phone Number: _____

Emergency

Emergency Contacts (parents will be called first):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Allergies _____

Physician Name: _____ Phone Number: _____

Does your Family attend Church? Yes No

If Yes, Where? _____ Phone: _____

Parents Signature: _____

Pineview Baptist Church Mothers Morning Out Program is a self-supporting Non-profit organization
Please attach a copy of your Child's immunization record and list any medical information we need.

OFFICE USE: REG. PAID _____ DATE: _____ CHECK# _____ CLASS _____

ASSIGNED: _____