

Mabel White Baptist Church
Parent's Day Out/Pre-K Ministry Registration
School Year 2018-2019

For Office Use only:

Class _____ Teacher _____

Reg Fee _____ Date _____

Ck/Cash _____ Letter Given _____

Child's Name _____ Sex _____ Goes By _____

Address _____ City _____ Zip _____

E-mail Address _____ Home # _____

Birthday _____ Age as of September 1st _____ Allergies/Food Restrictions _____

Father's Name _____ Cell# _____ Text YES or NO

Father's Occupation _____ WK.PH# _____

Mother's Name _____ Cell # _____ Text Yes or NO

Mother's Occupation _____ WK. PH# _____

Siblings: (names & ages) _____

Child's Physician _____ Ph. # _____

Church you attend _____ Are you a member? YES _____ NO _____

Would you like more information on Mabel White Baptist Church? YES _____ NO _____

In the event that you are unable to pick up your child, the following is a list of people to whom your child may be released. They will be asked to show picture I.D.

1. Name _____ Relation _____ PH# _____

2. Name _____ Relation _____ PH# _____

3. Name _____ Relation _____ PH# _____

Mabel White Weekday Preschool does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin. The Mabel White Weekday Preschool is not equipped to care for the specials needs of physically and /or mentally challenged children.

Mabel White Preschool requires that each child enrolled must have an up to date Immunization on file in the school office. If you child is delayed in getting their immunizations, a note from you doctor explaining the situation will suffice.

The registration fees secures a place for you child and is non-refundable. To withdraw your child from MWWP, a 15 day advance written notice is required. Tuition and fees must be current through the last month attending. Tuition and fees are still due for withdrawals that occur without a 15 day notice. There will be no adjustments made for absences, illnesses, closures due to weather, or family vacations. In general, we try to follow the Bibb County school calendar for holidays and school closures. Please refer to your parent handbook for a copy of our school calendar.

WAIVER OF LIABILITY: In the event that I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree to assume all financial responsibility. I will hold harmless Mabel White Weekday Preschool and its staff, Mabel White Baptist Church, its staff and Board of Elders and Deacons, and The Southern Baptist Convention, for any accident or injury that may occur to my child while attending Mabel White Weekday Preschool and Parents' Day Out.

My signature below indicates that I have read the Mabel White Weekday Preschool Student/Parent Handbook and understand and agree to abide by the policies and procedures set forth in this document.

Permission to photograph your child for school use, newspaper, Facebook page, or commercials? Yes or No

Mabel White Weekday Preschool in not licensed nor are we required to be licensed by the state. We are granted an exemption for licensing by the State of Georgia. We do maintain daily attendance records.

Parent or Guardian Signature _____ Date _____