

Mabel White Baptist Church
Parent's Day Out/Pre-Kindergarten Ministry
Registration
School Year 2018-2019
Monday 3K Class

Child's Name _____ Male/Female _____ Goes By _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____

Birthday _____ Age as of September 1st _____

Father's Name _____

Father's Occupation _____ WK. PH# _____

Mother's Name _____

Mother's Occupation _____ WK. PH# _____

Siblings: (names & ages) _____

Emergency Contact (Someone not listed above)

Name _____ PH# _____

My child will attend the 3K Monday class August thru May. I agree to pay \$40 per month in addition to my regular tuition payment of \$145.

Signature _____ **Date** _____

Registration for the Monday class is \$40.

Office Use Only		
Registration Fee \$40	Date Paid _____	Cash/Check _____

The Registration Fee secures a place for your child and is Non-refundable.