

BLUE CARD: _____

**WALL HIGHWAY BAPTIST CHURCH
MOTHER'S DAY OUT, PRE-SCHOOL AND KINDERGARTEN
6597 WALL TRIANA HIGHWAY
MADISON, ALABAMA 35757**

**Please complete and return with the Registration Fee.
Registration Fee is \$10.00 per weekday (per child) and is non-refundable.**

Hours: 9:30 am—1:30 pm

Date: _____

Check the days per week for which you are registering:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Kindergarten ___

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

Child prefers to be called: _____

Address: _____ Zip Code: _____

Home Phone: _____ Mom's Cell: _____

Child's Birth Date: _____ Dad's Cell: _____

Father's Name: _____ Employer: _____ Work # _____

Mother's Name: _____ Employer: _____ Work # _____

List 2 persons to whom we may contact and release your child in case of an emergency:

Name: _____ Phone #: _____ D.L.#: _____

Name: _____ Phone #: _____ D.L.#: _____

Child's Physician: _____ Phone#: _____

Does your family attend church? _____ If yes, where? _____

Please attach a copy of your child's shot record and list any medical information we need.

Parent Signature: _____

OFFICE USE ONLY

Class assigned: _____ **Reg. Paid:** _____

Check #: _____ **Cash:** _____ **Craft Paid:** _____

Book Fee: _____