Taylor Road Baptist Church

MDO & KINDERGARTEN

1685 Taylor Road, Montgomery, Alabama 36117 334-271-0845



Student Registration Information:

First Child's Full Name]	Date of Birth		Please circle one Gender		
					MDO K3 K4 K+ M/F		
Sessions Requested (Please circle each that applies)	Monday 9-1 / Early / Late	Tuesday 9-1 / Early / Late	Wednesday 9-1 / Early / Late		hursday Early / Late	Waitlist Request	
Second Child's Full Name Date of Birth					Please o	ircle one Gender	
						K3 K4 K+ M/F	
Sessions Requested (Please circle each that applies)	Monday 9-1 / Early / Late	Tuesday 9-1 / Early / Late	Wednesday 9-1 / Early / Late		hursday Early / Late	Waitlist Request	
Third Child's Full N	lame	[Date of Birth		Dloaco o	irala ana Candar	
The common an interior						circle one Gender K3 K4 K+ M/F	
Sessions Requested (Please circle each that applies)	Monday 9-1 / Early / Late	Tuesday 9-1 / Early / Late	Wednesday 9-1 / Early / Late		hursday Early / Late	Waitlist Request	
Parent Contac	t Information:						
Primary Address C		City	y Stat		e and Zipcode		
Primary Email Address				Parents marital status			
Mother's Name				Mother's Phone			
Father's Name				Father's Phone			
Church Home				Who does the child live with?			
Pick Up/ Emerge	onsy Contact I	nformation:					
		mormation.					
Pick Up/ Emergency Contact 1				Phone	e Number		
Pick Up/ Emergency Contact 2				Phone Number			

Medical Details:			
First Child's Full Name	Allergies	Physical needs	
Please elaborate			
Second Child's Full Name	Allergies	Physical needs	
Second ening strain Nume	Allergies	Thysical fields	
Please elaborate			
Third Child's Full Name	Allergies	Physical needs	
Please elaborate			
Parent Contract:			
understand that I am responsible to pay understand fully that payments are due of the 15th I will receive a \$20 late charge payment becomes 30 days late and arranthat tuition is based upon 10 months and shortened due to a holiday is not prorate from the program. I also understand that understand that door codes may not be to pick my child up a letter in writing is reunderstanding that I am signing a 10 mo Day Out and Kindergarten and must abid of this contract I will leave gracefully and minister to children. Signature of Parent or Guardian	on the 10th of the month a (per child). I understand the ngements have not been a d is broken down into 10 ea d. I agree to provide a two the my child may not be with given to anyone who is no equired. They must knock with (August-May) contract de by the rules outlined in with integrity rememberi	and are late after the 15th. I under that my child will not be allowed made to rectify missed payment qual payments. I understand that to week notice in writing if I without hdrawn from the program after but on this application and if anyout on the door and bring a photo I but with Taylor Road Baptist Church on the above section. If I cannot fur	erstand that as at to attend if t. I understand at months draw my child March 1. I one else needs ID. It is my ch Mother's alfill the terms
Signature of Parent of Guardian		Date	
Age 1 day 2 day 3 day 8 wks-14mos \$8500 \$16000 \$23000 5-24 months \$8000 \$150.00 \$2 1500	4 ddy \$300.00 Rate (Ea	1 day 2 day	
13-36 months \$75.00 \$140.00 \$195.00			
	\$28000 \$255.00 Rate (La *Drop-in da	1	\$75.00/mo \$100.00/mi \$75.00/mo \$100.00/mi

Blue Form	Registration	Book Fee	August	September	October	November
December	January	February	March	April	May	Supplies