



Weekday Early Education Center
A MINISTRY of KIRKWOOD BAPTIST CHURCH
REGISTRATION FORM 2024/2025

Registration Fee: \$50.00 per child
(This fee is non-refundable)

REGISTRATION OPENS JANUARY 24, 2024

Name of Child (1) _____

Name child goes by _____ Sex M / F Date of Birth _____

Will your child attend kindergarten in the fall of 2025? Yes ___ No ___ Undecided ___

Please circle preferred days of attendance: Tuesday Wednesday Thursday

Name of Child (2) _____

Name child goes by _____ Sex M / F Date of Birth _____

Will your child attend kindergarten in the fall of 2025? Yes ___ No ___ Undecided ___

Please circle preferred days of attendance: Tuesday Wednesday Thursday

Name of Child (3) _____

Name child goes by _____ Sex M / F Date of Birth _____

Will your child attend kindergarten in the fall of 2025? Yes ___ No ___ Undecided ___

Please circle preferred days of attendance: Tuesday Wednesday Thursday

Parents' Names _____

Address _____ Zip Code _____

Email address (1) _____ (2) _____

Phone _____ HOME/CELL Alt Phone _____ CELL

Signature _____ Date _____

PLEASE INCLUDE REGISTRATION FEE OF \$50 PER CHILD

We look forward to working with your child/children in the 2024/25 school year!

Office use only:

Date: _____ Check #: _____ Amount \$ _____ # Children _____ @ \$50 (reg) Shelby CContact