



Weekday Early Education Center
A MINISTRY of KIRKWOOD BAPTIST CHURCH
REGISTRATION FORM 2018/2019

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

Name of Child (1) _____

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

Will your child attend kindergarten in the fall of 2019? 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 2019? 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 2019? Yes ___ No ___ Undecided ___

Please circle preferred days of attendance: Tuesday Wednesday Thursday

Address _____ Zip Code _____

Parents' Names _____

Email address _____

Phone _____ HOME/CELL _____ Alt Phone _____ CELL _____

Signature _____ Date _____

We look forward to working with your child/children in the 2018/19 school year!

Office use only:

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