



**Weekday Early Education Center**  
A MINISTRY of KIRKWOOD BAPTIST CHURCH  
REGISTRATION FORM 2019/2020

**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 2020? 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 2020? 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 2020? 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 2019/20 school year!**

Office use only:

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