



# WEEKDAY EDUCATION NEW FAMILY REGISTRATION

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Choose one class option below:**

Mother's Day Out (all children 2 and younger)

☐ Monday/Wednesday/Friday ☐ Tuesday/Thursday ☐ Monday – Friday

Preschool: ☐ K-3 (must turn 3 by 9/1/25) ☐ K-4 (must turn 4 by 9/1/25)

☐ Monday/Wednesday/Friday ☐ Tuesday/Wednesday/Thursday ☐ Monday – Friday

Kindergarten (must turn 5 by 9/1/25) ☐ Monday – Friday

Is your child fully potty trained? ☐ Yes ☐ No

Primary Contact's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Secondary Contact's Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Previous Program (if applicable): \_\_\_\_\_

Church Membership: \_\_\_\_\_

Names/Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

Others living in the home: \_\_\_\_\_

\_\_\_\_\_

In an emergency, person(s) authorized to act for parent/guardian (NOTE: We will always attempt to contact parents first. If unavailable, whom may we call?)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this, I understand that the registration payment **will not be refunded** to me unless we move out of town and notify the program by **July 1**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

