



WEEKDAY EDUCATION CURRENT FAMILY REGISTRATION

Child's Full Name: _____ DOB: _____

Primary Contact's Full Name: _____

Phone: _____ Email: _____

Secondary Contact's Full Name: _____

Phone: _____ Email: _____

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 9/1/26) ☐ K-4 (must turn 4 by 9/1/26)

☐ Tuesday/Wednesday/Thursday ☐ Monday – Friday

Kindergarten (must turn 5 by 9/1/26) ☐ Monday – Friday

Is your child fully potty trained? ☐ Yes ☐ No

ADDITIONAL SIBLINGS TO BE REGISTERED:

Child's Full Name: _____ DOB: _____

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 9/1/26) ☐ K-4 (must turn 4 by 9/1/26)

☐ Tuesday/Wednesday/Thursday ☐ Monday – Friday

Kindergarten (must turn 5 by 9/1/26) ☐ Monday – Friday

Is your child fully potty trained? ☐ Yes ☐ No

Child's Full Name: _____ DOB: _____

Choose one class option below:

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

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☐ Tuesday/Wednesday/Thursday ☐ Monday – Friday

Kindergarten (must turn 5 by 9/1/26) ☐ Monday – Friday

Is your child fully potty trained? ☐ Yes ☐ No