



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 9/1/26) ☐ 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

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: _____

