



**Weekday Early Education Center**  
A MINISTRY of KIRKWOOD BAPTIST CHURCH  
REGISTRATION FORM 2025/2026

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

REGISTRATION OPENS JANUARY 29, 2025

**Parents' Names** \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address (1) \_\_\_\_\_ (2) \_\_\_\_\_

Phone \_\_\_\_\_ CIRCLE:  
MOM OR DAD  
HOME/CELL Phone (2) \_\_\_\_\_ CIRCLE:  
MOM OR DAD  
CELL

**Name of Child (1)** \_\_\_\_\_

Name child goes by \_\_\_\_\_ Sex M / F Date of Birth \_\_\_\_\_

Will your child attend kindergarten in the fall of 2026? 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 2026? 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 2026? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

Please circle preferred days of attendance: Tuesday Wednesday Thursday

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*PLEASE INCLUDE REGISTRATION FEE OF \$50 PER CHILD*

**We look forward to working with your child/children in the 2025/26 school year!**

Office use only:

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