

Date received by WDM

2020-2021

Director \_\_\_\_\_

Admin. \_\_\_\_\_

Finance \_\_\_\_\_

**Location Preference**

Please number in order of preference:



**Mud Creek Campus**

8550 Mud Creek Road  
Indianapolis, IN 46256-9766  
Phone: (317) 578-4591

**Promise Road Campus**

12756 Promise Road  
Fishers, IN 46038-9606  
Phone: (317) 578-4591

# Child's Day Out

## STUDENT REGISTRATION FORM

Classes for children 18 months by August 1<sup>st</sup> up to 3 years old  
Children are assigned to classes according to age and/or birth date

Weekday Ministries (WDM) is a Preschool Ministry of Geist Christian Church

**\$40.00 per child registration fee (non-refundable) due at time of registration.**  
Return registration form with \$40.00 registration fee to Weekday Ministries. Checks payable to Weekday Ministries.

2019-2020 WDM student

registering a sibling for 2020-2021

WDM alumni

WDM or GCC staff member

GCC church member

General Public

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Nickname \_\_\_\_\_

(Name you would like your child to use at school)

Male  Female

1. Child's Day Out: Hours for all CDO classes are 9:30 am to 1:30 pm.

Please **number** in order of preference:

\_\_\_\_\_ **Monday/Wednesday/Friday (M/W/F)** – available at Mud Creek campus only  
Monthly tuition - **\$338.00**

\_\_\_\_\_ **Monday & Wednesday (M/W)** - Monthly tuition - **\$238.00**

\_\_\_\_\_ **Tuesday & Thursday (T/TH)** - Monthly tuition - **\$238.00**

\_\_\_\_\_ **Friday only (F)** - Monthly tuition is **\$135.00**  
**Promise Road Friday only students must be 2 years old by August 1st**

**Extended Care:** Before Care and After Care are available at an extra charge for all enrolled Weekday Ministries students. You may sign up for either or both. Sign-up forms will be available at our parent orientation meeting in August 2020.

**Both locations:** Before Care – 8:30 - 9:30am After Care – 1:30 - 2:30pm

**PLEASE COMPLETE FAMILY INFORMATION ON PAGE 2**

Office use only:  
PR or MC  
Teacher/Days:  
Date:  
Changes:  
Start date:

## 2. FAMILY INFORMATION

<b>FATHER'S Name</b> _____	<b>Employer/ Occupation</b> _____	
Home Address _____ / _____ / _____	Street City Zip	
Cell Phone _____	Home Phone _____	Work Phone _____
<b>MOTHER'S Name</b> _____	<b>Employer/ Occupation</b> _____	
Home Address (N/A if same) _____ / _____ / _____	Street City Zip	
Cell Phone _____	Home Phone _____	Work Phone _____
<b>Preferred email address</b> _____		
<b>Church home</b> _____		

**Siblings:** (Names and Birth Dates – MM/DD/YY)

\_\_\_\_\_

**Child's Health / Special Needs (allergies, etc.)**

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION:** In the event of illness or emergency, every effort will be made to contact parents. If parents cannot be reached, please provide us with names and phone numbers of three people who **reside locally** who could pick your child up at school and give temporary care if he/she becomes ill.

Name \_\_\_\_\_ Relationship to child/family \_\_\_\_\_

(C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child/family \_\_\_\_\_

(C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child/family \_\_\_\_\_

(C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

If there is an emergency and WDM is unable to reach any of the above persons, I give permission for my child to be admitted to the nearest hospital.

**Signed** \_\_\_\_\_

(Parent or legal guardian)

**Date** \_\_\_\_\_

WEEKDAY MINISTRIES AT GEIST CHRISTIAN CHURCH. – NON-DISCRIMINATION POLICY

Weekday Ministries at Geist Christian Church does not discriminate on the basis of race, color, national and ethnic origin, religion, or disability in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs, or as otherwise prohibited by law.