

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

PRE-K

STUDENT REGISTRATION FORM

Classes for children 4 years old by August 1st and 5-year-olds

Children are assigned to classes according to age and/or birth date

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

\$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. Pre-K hours are 9:30 am to 1:30 pm. Please **number** options in order of preference.

_____ **Monday/Tuesday/Wednesday/Thursday** – (available only at Mud Creek campus)
Monthly tuition - **\$372.00**

_____ **Monday/Wednesday/Friday**
Monthly tuition - **\$309.00**

_____ **Tuesday/Thursday/Friday**
Monthly tuition - **\$309.00**

_____ **Tuesday/Thursday** - (available only at Mud Creek campus)
Monthly tuition - **\$216.00**

2. Adventures in Learning (Enrichment) - (available only at Promise Road Campus)

_____ **Tuesday** - Monthly tuition - **\$100.00**

_____ **Wednesday** - Monthly tuition - **\$100.00**

_____ **Thursday** - Monthly tuition - **\$100.00**

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

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

3. FAMILY INFORMATION

FATHER'S Name _____ Employer/
Occupation _____

Home Address _____ / _____ / _____
Street City Zip

Cell Phone _____ Home Phone _____ Work Phone _____

MOTHER'S Name _____ Employer/
Occupation _____

Home Address (N/A if same) _____ / _____ / _____
Street City Zip

Cell Phone _____ Home Phone _____ Work Phone _____

Preferred email address _____

Church home _____

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 _____ **Date** _____
(Parent or legal guardian)

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.