

# Transitional Kindergarten

## STUDENT REGISTRATION FORM

Available only at our Mud Creek campus in Indianapolis

Placement into this class is based on teacher recommendation and priority given by birth date.

### Weekday Ministries (WDM) is a ministry of Geist Christian Church (GCC)

8550 Mud Creek Road, Indianapolis, IN 46256-9766

Phone: (317) 578-4591

**\$40.00 per child registration fee (non-refundable) due at time of registration.**  
Return registration form with \$40.00 registration fee to Weekday Ministries. Check 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 \_\_\_\_\_  Male  Female  
(Name you would like your child to use at school)

Transitional Kindergarten is designed for children who may be eligible to enter Kindergarten in the fall of 2020 but could benefit from another year of preparation. The child may have missed the cut-off date to attend Kindergarten in 2020 or is not ready for the demands of Kindergarten. This class meets 4 days a week beginning in August and ending in May.

Weekday Ministries offers **one** Transitional Kindergarten class that is limited in size and offered only at our Mud Creek campus in Indianapolis. Placement is based on teacher recommendation and birth date. For those children who do not secure a spot in the Transitional Kindergarten class, the alternative option would be a Pre-K class.

#### Transitional Kindergarten:

- Tuesday through Friday - 9:30 am – 1:30 pm
- Monthly tuition is **\$373.00**

**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:

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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.