

Date received by WDM

2021 - 2022

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 1st 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.

2020-2021 WDM student

registering a sibling for 2021-2022

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 - **\$348.00**

_____ **Monday & Wednesday (M/W)** - Monthly tuition - **\$245.00**

_____ **Tuesday & Thursday (T/TH)** - Monthly tuition - **\$245.00**

_____ **Friday only (F)** - Monthly tuition is **\$139.00**

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 2021.

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

Office use only:
PR or MC
Teacher/Days:

Start date:

Changes:

Effective date:

2. 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 _____

(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.