

**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

# KINDERGARTEN

## STUDENT REGISTRATION FORM

Children 5 years old by August 1<sup>st</sup>**Weekday Ministries (WDM) is a ministry of Geist Christian Church (GCC)****\$50.00 per child registration fee (non-refundable) due at time of registration.**  
Return registration form with \$50.00 registration fee to Weekday Ministries. Check payable to Weekday Ministries**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

Nickname \_\_\_\_\_

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

 Male  Female WDM student in 2020-2021 registering a sibling for 2021-2022 WDM alumni family WDM or GCC staff child GCC church member General Public\_\_\_\_\_ **Mud Creek Campus** (Indianapolis)  
Monday through Friday - **9:00am-2:30pm**  
Monthly tuition **\$480.00**\_\_\_\_\_ **Promise Road Campus** (Fishers)  
Monday through Friday - **9:00am-2:30pm**  
Monthly tuition **\$480.00**

Office use only:

PR or MC

Teacher/Days:

Date:

Changes:

Start date:

**Extended Care:** Before Care and After Care is available at an extra charge for all enrolled Weekday Ministries students. 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

Contracts will be offered Friday, January 8th and must be returned with contract fees (\$610) by Friday, January 22nd to secure placement.

**PLEASE COMPLETE PARENT INFORMATION ON PAGE 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** \_\_\_\_\_ **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.