



Date Registration Received: _____ Letter Sent: _____

Date Registration Fee Pd: _____ Amount: _____ Check #: _____

August Tuition Paid: _____ Amount: _____ Check #: _____

Birth Certificate: _____ Shots: _____

(Top portion to be filled in by Wee Disciples.)

KINDERGARTEN REGISTRATION

Wee Disciples' Christian Academy

114 Poor Farm Road, Suite 101

Kearneysville, WV 25430

304-707-6812

REGISTRATION FORM - 2011/2012

Full Name of Child _____ M _____ F _____

Name Child is Called _____ Birth Date ____/____/____

Full Name of Father _____

Full Name of Mother _____

Mailing Address _____

(Street or P.O. Box) (City/State) (Zip)

E-mail Address: _____

Please indicate below the telephone numbers that we should call in the event that we need to contact you.

(Circle One)

1st Name: _____ #: _____ Cell Work Home

2nd Name: _____ #: _____ Cell Work Home

3rd Name: _____ #: _____ Cell Work Home

4th Name: _____ #: _____ Cell Work Home

Emergency Names and Phone Numbers:

Physician _____ Phone: _____

Relative/Friend (Relation) _____ Phone: _____

Names and phone numbers of persons to whom we may release your child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

(Please complete back of form.)

