

After School Registration Form

Child's Name	Paren	t's Name	
Address	City	State	Zip
Phone Number	email	address	
School	 Grade	e	
What date does your child need	to start Kid-Nec	tion?	
Please circle the days you need y Monday Tuesday Wed	•	•	
Will we pick up your child on the	first day of scho	ool?	
Please include any other details	we need to know (about your child's s	schedule.
Weekly Tuition is due each Mono	• •		ection.
Please include the \$25 Registra		form.	
Tell us how you heard about Kid-			
403 Barry Oak Rd. Statesville,	NC 28625 704	'-872-6058 faith:	statesville·org