The Woodbrook Early Education Center

25 Stevenson Lane | Baltimore, Maryland 21212 | 410.377.8918



Child's Name:							
Name To Be Learned In School:		Child's Date of Birth:				Gender: <u>M/1</u>	
Address:							
Street		City, State, Zip					
Parent l Name	:						
Home Phone: _		one:					
Cell Phone:	Email Address:						
Parent 2 Name	:						
Home Phone: _	Work Phone:						
Cell Phone:	Email Address:						
_		ne following package (_			ol Year: iny days:	
Package 2A	Package 3A	Package 4A					
		Package 4B	2	3	4	5	
Package 2C	Package 3C	Package 4C					
Package 2D	Package 3D	Package 4D					
My child will	attend school on	.:					
•		Wednesday	Thursday		Fr	Friday	
**Please rem	ember to include	e your non-refundable	\$100* Red	ristratio	n Fee wi	ith this form	
		prook Baptist Church an		_			
-	•	-	•				
How did you h	ear about us?						
PARENT SIGNA	ATURE						
NOTE: Registra	ation begins Mond	on Fee per family. lay, January 6, 2025					
To be complet		DATEAMC	UNT PAID			K NO	

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