EWS Family Data Form 2020-21

	Class
	and understand the information contained in the <u>School Handbook</u> . es, terms and conditions set forth in the <u>School Handbook</u>
Parent Initials	
2. Choose Payment Option	
Prepay Annual Tuition	Pay Tuition Monthly (September 1 to May 1)
	nonth prior to service; a three business day grace period is granted ed check fee is \$25.00, late fee is \$25.00.
3. Will you be requesting a tax s	tatement for tuition/fees paid in 2019? Yes No
4. Newsletters and Announceme	ents Email Paper Both
5. Media Release (See attached	for full details.) No Usage Unrestricted Usage
Limited Usage (Circle one)	Within EWS Educational Material Only Printed Material Or
to their classroom and have their	rved for parents with younger children to park and walk their preschool younger children stay in the car under the watchful eye of a staff mem
A section of the parking lot is rese to their classroom and have their the greeter program is offered frow teacher assistant is the greeter an appreciated. Days of the week I we	younger children stay in the car under the watchful eye of a staff mem om 8:55-9:05 AM and again at 11:55 - 12:05PM. Please keep in mind the distribution of the classroom so a quick drop off or pick up in the classroom so a quick drop off or pick up in the classroom so a quick drop off or pick up in the class circle.
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EPIPHANY WEEKDAY SCHOOL

5521 Old Mill Road, Alexandria, VA 22309; 703-780-3852

EWS School Year 2020-21

EMERGENCY INFORMATION UPDATE

Child's Name:		
Parents' Names:		
Emergency Phone Numbers:		
мом	D	PAD
(H)	(H)	
(W)	(W)	
(C)	(C)	
Name & Phone of 2 Emergency Cor	ntact Persons other than Parent:	:
1		
2		
Authorized Pick Up Persons:		
Medications given daily:		
Allergies:		
**Is EpiPen required?		

Please contact office with names of any family member **NOT** authorized to pick up your child.





Child's

School Directory Information 2020-21

 If you want to be included in the school directory, please check this box and enter the information you want included below. If you DO NOT want to be included in the directory, please check this box and just list Name. 				
Parents Names:				
Siblings Names & Ages:				
Mother's Cell Phone:				
Mother's Email Address:	@			
Father's Cell Phone:				
Father's Email Address:	@			



Parent Media Recording Release Details 2020-21

Use of children's images includes the display, distribution, publication, transmission or otherwise use of photographs, images and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the **EPIPHANY WEEKDAY SCHOOL** Web Site.

No Us	eage: Deny permission to use my child's image at all.
digital of pur	tricted Usage: I give unrestricted permission for my child's image to be used in print, video, and media. I agree that these images may be used by EPIPHANY WEEKDAY SCHOOL for a variety poses and that these images may be used without further notifying me. I do understand that the selast name will not be used in conjunction with any video or digital images.
<u>Limit</u>	ed Usage: Grant permission to use my child's image only in the following ways (mark all that apply):
	I want my child's image used within the EPIPHANY WEEKDAY SCHOOL setting only (not in the larger community).
	I want my child's image used for <u>educational</u> material only (not marketing). This could be either within EPIPHANY WEEKDAY SCHOOL or in the larger community.
	I want my child's image used on <u>printed</u> materials only (no digital or video use).