EWS Family Data Form 2018-19

ld's Name:			Class _			
1. Parent Contract - I agree to abide by all						
Parent Initi	ials					
2. Choose Payment (Option					
Prepay An	nual Tuition	Pay Tu	iition Monthly (September 1	to May 1	L)
Tuition is due the before late fee inc		•		. •	period is	granted
3. Will you be reque	sting a tax stater	nent for tuition,	fees paid in 20	18?	Yes	No
4. Newsletters and A	Announcements	Email		Paper		Both
5. Media Release (Se	ee attached for fu	ull details.)	No Usa	nge	Unrest	ricted Usage
Limited Usage	e (Circle one)	Within EWS	Educational M	aterial Only	Printed	Material On
to their classroom and The greeter program i teacher assistant is the appreciated. Days of	is offered from 8: e greeter and tha	55-9:05 AM and at they are neede	again at 11:55 ed in the classro	- 12:05PM. Poom so a quic	lease kee	ep in mind th
Monday Tue	esday	Wednesday	Thursd	ау	Friday	
7. Extended Day Opt	tions (Check whic	ch options you w	vould like to us	e)		
5 5' 5				<u>Regularly</u>		Occasionally
Early Bird Program Lunch Bunch		M-F 8:00-9:00 M-Th 12-1PM	AM		_	
					_	
Worldly Wednesd	lav	12-2DM				
Worldly Wednesd Kaleidoscope Frid	-	12-2PM 12-2PM				
Worldly Wednesd Kaleidoscope Frid Extended Day afte	ay	12-2PM 12-2PM M-F (2-4pm)				
Kaleidoscope Frid	ay er Lunch Bunch	12-2PM M-F (2-4pm)			_	



EPIPHANY WEEKDAY SCHOOL

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

EWS School Year 2018-19

EMERGENCY INFORMATION UPDATE

Child's Name:		
Parents' Names:		
Emergency Phone Numbers:		
МОМ	DAD	
(H)	(H)	
(W)	(W)	
(C)	(C)	
Name & Phone of 2 Emergency Conta	ct Persons other than Parent:	
1		
2		
Authorized Pick Up Persons:		
Medications given daily:		
Allergies:		
**Is Fninen required?		

Please contact office with names of any family member <u>NOT</u> authorized to pick up your child.



School Directory Information 2018-19

Child's

 □ 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:						
_						
_						
_						
Street Address:						
City, State, Zip:						
Mother's Email Address: _	@					
Father's Cell Phone:						
Father's Email Address:	@					



Parent Media Recording Release Details 2018-2019

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	age: 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 slast name will not be used in conjunction with any video or digital images.
Limite	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).