



Epiphany Weekday School

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

www.epiphanyweekdayschool.org  
ews@epiphanyweekdayschool.org

## Registration Form 2018-19

### Personal Information

**Child's Name:** \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Please Indicate Class Choice:

- Pre-K/4 & 5 year old's – 5 Days (Mon thru Fri)       3 year old's – 3 Days (Mon, Wed, & Fri)
- 3 1/2 year old's – 4 Days (Tues thru Fri)       2 1/2 year old's – 2 Days (Tues & Thurs)
- 3 1/2 year old's – 5 Days (Mon thru Fri)

**Mother's Name:** \_\_\_\_\_ Phone #'s: (H): \_\_\_\_\_

Address: \_\_\_\_\_ (W): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ (C): \_\_\_\_\_

Place of  
Employment: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Phone #'s: (H): \_\_\_\_\_

Address: \_\_\_\_\_ (W): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ (C): \_\_\_\_\_

Place of  
Employment: \_\_\_\_\_

Email: \_\_\_\_\_

FOR OFFICE US ONLY:

RF: \_\_\_\_\_ ID (Birth Cert. or Passport): \_\_\_\_\_

SF: \_\_\_\_\_ CERT #: \_\_\_\_\_

PP: \_\_\_\_\_ DOB: \_\_\_\_\_

Monthly Tuition: \_\_\_\_\_

EWS Extended Day Programs:

- Early Bird drop off begins at 8:00am
- Lunch Bunch: 12-1 or 12-2
- Extended Hours(beyond lunch bunch hours: 2-3 or 2-4

Please check the programs(S) that you are interested on a regular basis,

Thank You!

### New Students /Returning students

- Is your child potty trained, wear pull ups, have frequent accidents?
  
- Does your child have any fears?
  
- Has your child had preschool experience?
  
- Does your child have any food aversions?
  
- What do you want us to know about your child!