



Epiphany Weekday School

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

www.epiphanyweekdayschool.org
ews@epiphanyweekdayschool.org

Registration Form 2017-18

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: _____