

Epiphany Weekday School

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

www.epiphanyweekdayschool.org
ews@epiphanyweekdayschool.org

January 2024

Dear Parents:

As we begin our registration for our 2024-25 preschool program, we would like to invite any current students, their siblings, and church members to register. Registration for current families will begin January 8, 2024. Registration will be open to all new families on January 16, 2024. We are looking forward to next year's program and we are committed to offering your child a warm, caring environment that encourages your child's individual development. Our monthly class schedule and rates are listed below:

<u>Class</u>	<u>Age by Sept. 30</u>	<u>#Days</u>	<u>Days/Weeks</u>	<u>Monthly</u>	<u>Activity Fee</u>
Pre-K (4 Year Old)	4.0	5 days	M-F	\$475	\$170
3 ½ Year Old	3.5	4 days	T-F	\$450	\$170
3 ½ Year Old	3.5	5 days*	M-F	\$465	\$170
3 Year Old	3.0	3 days	MWF	\$340	\$170
2 ½ Year Old	2.6	2 days	TTH	\$235	\$130

* We need at least 4 children to sign up for 5 Day 3's in order to offer this extra day.

Your child must be the appropriate age by September 30, 2024 for eligibility. Proof of identity must be provided with the registration form for each child. Acceptable forms of identification include original birth certificate or passports. If your child is a returning student, you do not need to provide this information again.

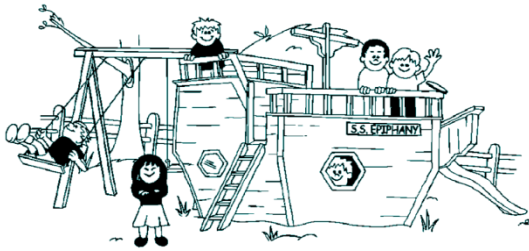
Current VA State Health forms must be on file in the office with the commencement of the first day of school for all students. Forms can be downloaded and printed via www.doe.virginia.gov and search VA School Health Form. Returning students need only update their immunization record.

Our school hours of operation are 9:00AM to 12:00 noon. We will continue to offer our Early Bird drop off program beginning at 8:00 AM daily and our additional extended day options. Lunch programs 12-2 (M-F), extended hours until 4:30.

Please complete the attached form and return it to the office with a \$75.00 registration fee. **YOUR CHILD IS NOT CONSIDERED REGISTERED UNTIL THE REGISTRATION FEE HAS BEEN RECEIVED.** New families need to bring birth certificate or passport at time of registration.

Sincerely,

Nan Markman
Preschool Director



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Registration Form 2024-25

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:

Please check the programs that you are interested in on a regular basis:

_____ **Early Bird drop off begins at 8:00 a.m.**

_____ **Lunch Bunch-12-2**

_____ **Extended Hours (beyond lunch bunch hours: 2-4:30)**

If signing up for daily extended program, ask about discounted fees.

THANK YOU!

New Students/Returning Students

*Is your child potty trained, wear pull ups, frequent accidents?

*Does your child have any fears?

*Has your child had preschool experience?

*Does your child have any food or medical allergies?

*What do you want us to know about your child?

EWS Family Data Form 2024-25

Child's Name: _____ Class _____

1. Parent Contract - I have read and understand the information contained in the School Handbook. I agree to abide by all of the policies, terms and conditions set forth in the School Handbook

_____ Parent Initials

2. Choose Payment Option

_____ Prepay Annual Tuition _____ Pay Tuition Monthly (**September 1 to May 1**)

Tuition is due the first of the month prior to service; a three business day grace period is granted before late fee incurs. Returned check fee is \$25.00, late fee is \$25.00.

3. Will you be requesting a tax statement for tuition/fees paid in 2023? _____ Yes _____ No

4. Newsletters and Announcements will be emailed.

5. Media Release (See attached for full details.) _____ No Usage _____ Unrestricted Usage

_____ Limited Usage (Circle one) Within EWS Educational Material Only Printed Material Only

6. Greeter Program

A section of the parking lot is reserved for parents with younger children to park and walk their preschoolers to their classroom and have their younger children stay in the car under the watchful eye of a staff member. The greeter program is offered from 8:55-9:05 AM and again at 11:55 - 12:05PM. Please keep in mind that a teacher assistant is the greeter and that they are needed in the classroom so a quick drop off or pick up is appreciated. Days of the week I would need the greeter program (please circle):

Monday Tuesday Wednesday Thursday Friday

Parent/Guardian Signature: _____

Parents Name (printed) _____ Date: _____

EPIPHANY WEEKDAY SCHOOL
5521 Old Mill Road, Alexandria, VA; 703-780-3852
EWS SCHOOL YEAR 2024-25
EMERGENCY INFORMATION UPDATE

Child's Name: _____

Parents' Names: _____

Emergency Phone Numbers:

MOM

DAD

(H) _____

(H) _____

(W) _____

(W) _____

(C) _____

(C) _____

Name & Phone of 2 Emergency Contact Persons other than Parent that can pick up child if parent cannot be contacted.

1. _____

2. _____

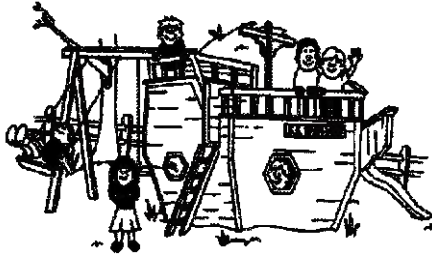
Authorized Pick Up Persons: _____

Medications given daily: _____

Allergies: _____

*** EpiPen required?** _____

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



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School Directory Information 2024-25

_ If you want to be included in the school directory, please check here and enter the information you want included below.

_ If you DO NOT want to be included in the directory, please check here and just list Child's Name.

Child's Name: _____

Parents Names: _____

Siblings Names & Ages: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Mother's Cell Phone: _____

Mother's Email Address: _____ @ _____

Father's Cell Phone: _____

Father's Email Address: _____ @ _____



Parent Media Recording Release Details 2024-2025

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 Usage:** Deny permission to use my child's image at all.

- Unrestricted Usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by **EPIPHANY WEEKDAY SCHOOL** for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's name will not be used in conjunction with any video or digital images.

- Limited 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 educational 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 printed materials only (no digital or video use).

Parent's Name

Child's Name