

**EPIPHANY WEEKDAY SCHOOL**  
**Registration Form 2026-27**  
**Personal Information**

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

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

Please Indicate Class Choice:

\_\_\_ Pre-K/4 & 5 year old's – 5 days (Mon-Fri)

\_\_\_ 3 year old's – 3 Days (Mon, Wed, Fri)

\_\_\_ 3 ½ year old's – 4 Days (Tues – Fri)

\_\_\_ 3 ½ year old's – 5 Days (Mon- Fri)

**Mother's/Parents Name:** \_\_\_\_\_

Phone #'s (H): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (Cell) \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

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

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

**Father's/Parents Name:** \_\_\_\_\_

Phone #'s (H): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

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

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

**FOR OFFICE USE ONLY:**

RF: \_\_\_\_\_

ID (Birth Certificate or Passport: \_\_\_\_\_

AF: \_\_\_\_\_

CERT. #: \_\_\_\_\_

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

D.O.B. \_\_\_\_\_

EWS Extended Day Programs:

Please check the programs that you are interested in on a regular basis, occasionally, not at all:

\_\_\_\_\_ Early Bird drop off-begins at 8:00 a.m.

\_\_\_\_\_ Lunch Bunch – 12-2

\_\_\_\_\_ Extended Hours (beyond lunch bunch hours – 2 – 4:00) – how late in the afternoon: \_\_\_\_\_

THANK YOU!

**New Students/Returning Students**

\*\* Is your child potty trained, wears 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?