

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?