

EPIPHANY WEEKDAY SCHOOL
Registration Form 2025-26
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)

___ 2 ½ year old's – 2 Days (Tues & Thurs)

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

Mother's Name: _____ **Phone #'s (H):** _____

Address: _____ **(W):** _____

City: _____ **State:** _____ **Zip Code:** _____ **(Cell)** _____

Mother's Occupation: _____

Place of Employment: _____

Email: _____

Father's 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 – 4:30) – 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?