



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

www.epiphanyweekdayschool.org
ews@epiphanyweekdayschool.org

Registration Form 2020-21

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: 12-1 or 12-2**

_____ **Extended Hours (beyond lunch bunch hours: 2-3 or 2-4**

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 allergies?

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