



Emmanuel Episcopal Day School

Registration Form 2026-2027

Three Year Olds and PreK-Age As Of September 30, 2026 _____ Attending MWF or M-F (circle 1)

Two Year Olds-Age As Of March 31, 2026 _____ Attending TuTh, MWF, or M-F (circle 1)

EXTENDED CARE: CIRCLE AS NEEDED: Breakfast Bunch AND/OR Stay and Play : 5 Days Per Week OR 3 Days Per Week OR 2 Days Per Week OR Occasionally

PLEASE PRINT CLEARLY

NAME OF CHILD _____

Name to be posted in the classroom _____ Called in class _____

STREET ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

CHILD'S DATE OF BIRTH _____ CURRENT AGE _____ SEX _____ PRIMARY PHONE _____

EMERGENCY NAME AND PHONE NUMBER (OTHER THAN PARENTS) _____

MOTHER'S NAME _____ PHONE _____

EMPLOYER _____ BUSINESS PHONE _____

OCCUPATION _____ CHURCH HOME _____

FATHER'S NAME _____ PHONE _____

EMPLOYER _____ BUSINESS PHONE _____

OCCUPATION _____ CHURCH HOME _____

NAME OF SIBLING _____ DOB _____

NAME OF SIBLING _____ DOB _____

NAME OF SIBLING _____ DOB _____

MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

DOES YOUR CHILD HAVE ANY CONDITION WE SHOULD BE AWARE OF? _____

HAS HE/SHE EATEN PEANUT BUTTER? _____ REACTION _____

HAS HE/SHE EATEN TREE NUTS? _____ REACTION _____

HAS HE/SHE EATEN EGGS? _____ REACTION _____

HAS HE/SHE EATEN DAIRY? _____ REACTION _____

I UNDERSTAND THAT MY CHILD'S LIKENESS MAY BE PHOTGRAPHED OR VIDEOTAPED IN THE COURSE OF SCHOOL ACTIVITIES. I HEREBY GIVE CONSENT FOR THE SCHOOL TO USE MY CHILD'S LIKENESS IN ADVERTISING MATERIALS OR ON THE SCHOOL WEBSITE OR FACEBOOK PAGE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PLEASE DO NOT USE MY CHILD'S LIKENESS FOR MARKETING, FACEBOOK OR THE SCHOOL WEBSITE.

How did you hear about our school? _____

WOULD YOU LIKE INFORMATION ABOUT EMMANUEL EPISCOPAL CHURCH? _____

REGISTRATION FEE MUST ACCOMPANY THIS FORM TO BE VALID. ENROLLMENT SUBJECT TO AVAILABILITY

Cash or check, money order, cashier's check payable to EEDS or EMMANUEL EPISCOPAL DAY SCHOOL.

TO BE COMPLETED BY DAY SCHOOL DIRECTOR: IDENTITY VERIFICATION

BIRTH CERTIFICATE # _____ DOB _____ ISSUED _____

PLACE OF BIRTH _____ INITIALS _____

REGISTRATION FEE: \$200.00 OR \$185.00 OR \$215.00 CHECK # _____ CASH _____ DATE _____

PLEASE TURN OVER AND COMPLETE

REGISTRATION FEE: **\$200.00 PER CHILD**
(NON-REFUNDABLE)
REDUCED FEE FOR ACTIVE DUTY MILITARY: **\$185.00**
(NON-REFUNDABLE)

Beginning 6/1/26 \$215.00 PER CHILD

Beginning 6/1/26 \$200.00 PER CHILD

FOUR YEAR OLDS PreK: **\$400.00 PER MONTH** (Monday-Friday)
Five Days Per Week
\$345.00 PER MONTH (Monday, Wednesday, Friday)
Three Days Per Week

THREE YEAR OLDS: **\$400.00 PER MONTH** (Monday-Friday)
Five Days Per Week
\$345.00 PER MONTH (Monday, Wednesday, Friday)
Three Days Per Week

TWO YEAR OLDS: **\$420.00 PER MONTH** (Monday-Friday)
Five Days Per Week
\$360.00 PER MONTH (Monday, Wednesday, Friday)
Three Days Per Week
\$315.00 PER MONTH (Tuesday and Thursday)
Two Days Per Week

EXTENDED DAY-Monthly payment for ATTENDANCE 5, 3, or 2 days per week

Breakfast Bunch 8:00-9:00 Stay AND Play 12:30-2:00/5 Days \$360.00 per month/3 Days \$250.00 per month/
2 Days \$170.00 per month

Breakfast Bunch Only/5 Days \$160.00 per month/3 Days \$106.00 per month/2 Days \$74.00 per month

Stay and Play Only/5 Days \$235.00 per month/3 Days \$154.00 per month/2 Days \$106.00 per month

Occasional Breakfast Bunch \$10.00 per day/Stay and Play \$20.00 per day

A 10% discount, **off the lower rate**, is given for the second child when two children from the same family attend during the same school year.

Currently, we accept cash, checks, money orders and cashier's checks.

Tuition payments are due by the **1st** of each month. Any payment made after the **10th** of the month will be subject to a **\$15.00** late fee. Tuition fees are based on the annual school calendar and are divided into 9 equal payments for your convenience. No reimbursement will be given due to illness, vacations, holidays or emergency closings. There will be no makeup days.

Initials

Enrollment is for the entire school year, September-May. **One month paid notice in writing** is required in advance of withdrawal from EEDS, otherwise tuition will be charged for the next month. _____
Initials

Please note that enrollment is provisional based on your child's ability to adjust to our school environment. If your child requires special services, we are happy to recommend a school to you that will better meet your child's needs.

Initials

EEDS is a self-supporting ministry of Emmanuel Episcopal Church. Summer notifications and withdrawals from school due to acceptance in other public/private preschool programs have a strong negative impact on our class assignments, staff, and budget. Our teachers begin planning for registered students during the month of June. **For planning purposes, please read, sign, and adhere to ONE of the following statements:**

I have not and do not intend to apply to any other public or private preschool program for my child. If plans change and I apply somewhere, I will notify EEDS immediately of the pending application. _____ (parent signature)

OR

I have or intend to apply to a different public or private preschool program for my child and will notify EEDS IMMEDIATELY if my child is accepted into another program. _____ (parent signature)