



# Emmanuel Episcopal Day School

Registration Form 2022-2023

Child's Age As Of September 30, 2022 \_\_\_\_\_ Requested days per week \_\_\_\_\_

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

## PLEASE PRINT

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 A MEDICAL 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 WESITE 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

Check, money order, cashier's check payable to EEDS-EMMANUEL EPISCOPAL DAY SCHOOL.

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COMPLETED BY DAY SCHOOL DIRECTOR: IDENTITY VERIFICATION

BIRTH CERTIFICATE # \_\_\_\_\_ DOB \_\_\_\_\_ ISSUED \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ INITIALS \_\_\_\_\_

REGISTRATION FEE: \$200.00 **OR** \$185.00 **OR** \$170.00 CHECK # \_\_\_\_\_ CASH \_\_\_\_\_

REGISTRATION FEE: **\$185.00 PER CHILD**  
(NON REFUNDABLE)

**Beginning 6/1/22 \$200.00 PER CHILD**

REDUCED FEE FOR ACTIVE DUTY MILITARY: **\$170.00**  
(NON REFUNDABLE)

**Beginning 6/1/22 \$185.00 PER CHILD**

FOUR YEAR OLDS PreK: **\$355.00 PER MONTH** (Monday-Friday)  
Five Days Per Week

**\$305.00 PER MONTH** (Monday, Wednesday, Friday)  
Three Days Per Week

THREE YEAR OLDS: **\$355.00 PER MONTH** (Monday-Friday)  
Five Days Per Week

**\$305.00 PER MONTH** (Monday, Wednesday, Friday)  
Three Days Per Week

TWO YEAR OLDS: **\$370.00 PER MONTH** (Monday-Friday)  
Five Days Per Week

**\$305.00 PER MONTH** (Monday, Wednesday, Friday)  
Three Days Per Week

**\$275.00 PER MONTH** (Tuesday and Thursday)  
Two Days Per Week

**EXTENDED DAY**

**Breakfast Bunch 8:00-9:00 Stay AND Play 12:30-2:00/5 Days \$325.00 per month/3 Days \$210.00 per month**

**Breakfast Bunch Only/5 Days \$140.00 per month/3 Days \$84.00 per month**

**Stay and Play Only/5 Days \$210.00 per month/3 Days \$126.00 per month**

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

At this time, we accept cash, checks, money orders and cashier's checks.

***Tuition payments** are due by the 1<sup>st</sup> of each month. Any payment made after the 10<sup>th</sup> 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*