

# Epworth Preschool

## 2020-2021 Current Family Registration

Name of child: \_\_\_\_\_  
(first) (middle) (last) (preferred)

Address: \_\_\_\_\_  
(street) (city) (zip)

Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age on 8/31/20: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### MEDICAL HISTORY

Please list any serious illnesses or accidents \_\_\_\_\_

Allergies or medical conditions requiring continuing care or medication \_\_\_\_\_

Has your child ever been referred or evaluated for developmental or speech delays, behavioral, or other needs? \_\_\_\_\_

If so, when and where? \_\_\_\_\_ Is he or she currently receiving any services? \_\_\_\_\_

Will your child be able to participate in all phases of school activity? \_\_\_\_\_

### ENROLLMENT INFORMATION

Are you a church member at Epworth? \_\_\_\_\_ Is your child presently enrolled at Epworth Preschool? \_\_\_\_\_

Is your child a sibling of a presently or previously enrolled child? \_\_\_\_\_

Is your child currently enrolled and/or have they been enrolled in another Preschool? \_\_\_\_\_

If yes, please indicate which Preschool: \_\_\_\_\_

**Please number your choices of class preference in order 1-3:**

- \_\_\_\_\_ Two Day 1s: Mon/Wed 9am-12pm (1:4 teacher to student ratio)
- \_\_\_\_\_ Two Day 2s: Tue/Thu 9am-12pm (1:5 teacher to student ratio)
- \_\_\_\_\_ Three Day Older 2s: Mon/Wed/Fri 9am-12pm (1:5 teacher to student ratio)
- \_\_\_\_\_ Three Day 3s: Mon/Wed/Fri 9am-12pm (1:6 teacher to student ratio)
- \_\_\_\_\_ Three Day 3s: Tue/Thu/Fri 9am-12pm (1:6 teacher to student ratio)
- \_\_\_\_\_ Five Day 3s: Mon-Fri 9am-12pm (1:6 teacher to student ratio)
- \_\_\_\_\_ Four Day 3/4 Multi-Age: Mon-Thu 9am-1pm (1:6 teacher student ratio)
- \_\_\_\_\_ Four Day 4s: Mon-Thu 9am-1pm (1:6 teacher to student ratio)
- \_\_\_\_\_ Five Day 4s: Mon-Fri 9am-1pm (1:6 teacher to student ratio)
- \_\_\_\_\_ Five Day Transitional Pre-K: Mon-Fri 9am-1pm (1:6 teacher to student ratio)

Special Requests (No Guarantees): \_\_\_\_\_

*I have read and understand the Procedures for Enrollment and agree to enroll my child in Epworth Preschool for the 2020-2021 School Year. I understand that all registration fees and May 2021 tuition are non-refundable.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Registration Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_