



PRESCHOOL & KINDERGARTEN

1 John 4:18 God is love

2021-2022 3 YEAR OLD REGISTRATION FORM

Child's Name:

_____ *First*

_____ *Middle*

_____ *Last*

Name Teacher Should Call Your Child:

Birth Date:

Sex:

Boy

Girl

Program Choice (Please indicate 1st and 2nd choices)

Tues/Thurs 9:00 am - 1:00 pm _____

Mon/Wed/Fri 9:00 am - 1:00 pm _____

Mother's Name:

Street Address _____

City, State, Zip _____

Employed by: _____

Phone (Cell): _____

Phone (Work): _____

E-Mail Address: _____

Father's Name:

Street Address _____

City, State, Zip _____

Employed by: _____

Phone (Cell): _____

Phone (Work): _____

E-Mail Address: _____

Does the child live with both parents? _____

Other members of the household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the child had previous school experience? _____

If yes, please list name of school(s) _____

How did you learn of our school? _____

For Office Use Only

Reg Date: ____/____/____

W/D Date: ____/____/____

Notes: _____

Amt. Received: \$ _____

Payment: _____ Check/Cash _____ MC/Visa

Notes: _____

Student Information

Providing detailed information to the questions below will allow our teachers to work more effectively with your child.

All information provided is kept in the strictest confidence.

1) Physical Restrictions/Chronic Medical Conditions

2) Dietary Restrictions or Food Allergies

* My child has a restricted diet and cannot eat: _____

* My child is allergic to the following and cannot eat: _____

* My child has a diagnosis of anaphylaxis: _____

If your child has a diagnosis of anaphylaxis, you must complete a Food Allergy Action Plan to be kept in the classroom.

3) Developmental Information

My child is in the Infants and Toddlers Program: _____

My child has been screened by Childfind: _____

I have concerns regarding my child's: (check all that apply)

attention span speech motor skills activity level

If yes to any of the above, please explain in further detail: _____

4) Language Spoken at Home:

Does child speak English? _____

If not, what languages does your child speak? _____

5) Please provide any information about your child that may be helpful to the teacher.

Tuition Rates:

3 Year Olds - Tues/Thurs, 9am - 1:00pm - \$305.00

3 Year Olds - Mon/Wed/Fri, 9am - 1:00pm - \$350.00

A registration fee is required to hold your child's place in our school. The fee is \$75 plus May 2022 tuition. There will be no refunds for any reason.

Complete and sign:

I give permission for my child to participate fully in all of the activities and programs conducted by the Epworth Preschool & Kindergarten.

Parent Signature: _____

Submission Date: _____



PRE-SCHOOL & KINDERGARTEN

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Epworth Preschool and Kindergarten
Building the Foundations of Learning for over 30 Years, Established 1981

9008 Rosemont Drive
Gaithersburg, Maryland 20877
(301) 977-3421

Financial Agreement

- **The \$75 registration fee is non-refundable.**
- **May 2022 tuition paid at registration is non-refundable and will not be applied to any other month.**
- **Tuition is due the 1st of each month. There is a \$10.00 late fee that will be assessed if the tuition is not paid by the 5th of the month.**
- **If a parent is late picking up a child at 1:00 p.m., they will be charged a late fee of \$1.00 per minute for every minute they are late.**

**I have read and understood the above. I agree to all
the terms of the Financial Agreement.**

Parent/Guardian Signature

Child's Name

Parent/Guardian Name Printed

Date