

Epiphany Preschool Registration Form 2010-2011

Church of the Epiphany
3301 Hidden Meadow Drive, Herndon 20171
(703) 481-8601 ext.116

A non-refundable registration fee and last month's tuition are due at the time of registration.

Registration Fee ~ \$80.00 or max \$150 per family

1-Day \$100 / 2-Days \$200 / 3-Days \$270 / 3-Days Extended \$325 / 4-Days \$320 / 4-Days Extended \$375

Epiphany Preschool Office Use Only

Class (Please circle)	1-Day	2-Days	3-Days	3-Days Extended Week	4-Days	4-Days Extended Week
-----------------------	-------	--------	--------	----------------------	--------	----------------------

Reg. Fee \$ _____ Place of Birth: _____

Check # _____ Birth Certificate Number: _____ Verified By: _____

Date _____ Previous School Attended/Location: _____

Child's Name: _____ Name you want the child to be called in school: _____

Date of Birth ____/____/____ Male Female Home Phone: () _____

Address: _____ City: _____ State _____

Zip: _____ Subdivision: _____

Primary language spoken at home (please circle): Chinese English German Korean Spanish OTHER: _____

<p>Father Information</p> <p>Full Name: _____</p> <p>Occupation: _____</p> <p>Bus. Phone: _____</p> <p>Cell Phone: _____</p> <p>Address (If Not Child's): _____</p> <p>_____</p> <p>Email address: _____</p>	<p>Mother Information</p> <p>Full Name: _____</p> <p>Occupation: _____</p> <p>Bus. Phone: _____</p> <p>Cell Phone: _____</p> <p>Address (If Not Child's): _____</p> <p>_____</p> <p>Email address: _____</p>
---	---

Emergency Information

*Please list two local people (other than parents) to contact in case of an emergency when parents can not be reached.
If English is not your primary language, one of your contacts must speak English.*

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone () _____	Phone: () _____
Alternate Phone: () _____	Alternate Phone: () _____

**** Students new to Epiphany Preschool must present a Birth Certificate or Passport at time of registration**

Child Information

The teacher finds this information helpful in preparing the classroom and getting to know your child.

Child's Full Name (include preferred name) _____

FAMILY LIFE

Adults who live in the home:

Siblings and their Ages:

Pets and their Names:

Ages and gender of the other children with whom your child interacts:

List your child's favorite play activities, toy, books and stories: _____

Please include what your child's comfort/security item is and its special name:

Does your child have any fears: YES NO If yes, please elaborate:

CHURCH INFORMATION

Is your family actively involved in a local church? YES NO

If yes, please circle which denomination applies: Anglican Assembly of God Baptist Catholic

Episcopal Independent Bible Lutheran Methodist Presbyterian Other: _____

Name of Church: _____

Family and marriage are important priorities at Epiphany Preschool and Church of the Epiphany. Would you be interested in being contacted about family/marriage related activities offered by Church of the Epiphany (e.g., Marriage Mentors? YES NO

If yes, how would you prefer someone from Epiphany Preschool contact you?

By phone / By email

HOME/SCHOOL

Do you have any concerns about your child's development or educational needs? YES NO

If yes, please elaborate: _____

Is your child receiving any special services from public or private agencies? YES NO

If yes please explain: _____

Does your child have an 'Individual Educational Plan' (IEP)? YES NO

If yes, a copy of the IEP must be provided to the Preschool Office before class placement can be made.

MEDICAL

Does your child have any allergies? YES NO

If yes, please describe the allergy and possible reactions: _____

Is an 'Epi-Pen' or Benadryl needed for allergies? YES NO

Does your child have any food restrictions? YES NO If yes, please be specific: _____

Does your child have any other medical conditions (asthma/diabetes/ epi-pen) which the Preschool should be aware of? YES NO If yes please be specific:

Will your child require medication to be kept at School? YES NO If yes, please list the medication(s) below: _____

CHILDCARE HISTORY

Does your child attend any other activities (Sunday school, Mother's Day Out, dance, etc)? YES NO

Please list: _____

Has your child attended any other nursery or child care center? YES NO

If yes, please note the name and type of Facility (ies): _____

PARENTAL INVOLVEMENT

What is most important to you about your child's preschool experience? _____

Please provide any information that will help make this a happy time for you and your child.

We welcome parents' participation in our classrooms! If you have any special skills or talents, if you work in a "community helper" profession (i.e., medicine, police, dentistry, art, plumbing, electrical, vet, work with specialized vehicles, etc.), if you like to read stories to children, build, cook, and/or have outdoor skills, please let us know if you would be willing to share your skills/talents/vehicles with a classroom. You aren't limited to the above suggestions!

The Preschool has my permission to list my child's name and our family's name, address, telephone number(s), and e-mail address in a directory provided to Preschool families. YES NO

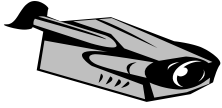
Preschool families are invited to participate in all Church of the Epiphany activities. Would your family like to be included in the Epiphany Candle E-Mail distribution list and other mailings? YES NO

All information on this form will be kept confidential.

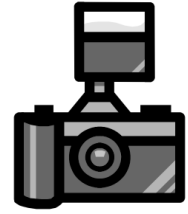
I have read the Parent Handbook (go online to www.epiphanypreschool.org) and agree to abide by the policies and procedures stated within.

Signature of Parent/Guardian

Date



Photo/Video Permission and Release Form



Epiphany Preschool has my permission to include my child, _____, in any photographs and/or videotapes taken during Epiphany Preschool 2010-2011 school year activities. I further understand these photos and/or videos may be shared with staff, parents, Church of the Epiphany web page browsers, and others for the purpose of education, training, and presenting the school's programs.

Parent Full Name (*Please Print*) _____

Parent Signature: _____ Date: _____

I am requesting that my child, _____, **NOT** be included in any photographs or videotapes taken during Epiphany Preschool 2010-2011 school year **for use outside** of Epiphany Preschool.

Parent Full Name (*Please Print*) _____

Parent Signature: _____ Date: _____

I am requesting that my child, _____, **NOT** be included in **any** photographs or videotapes taken during Epiphany Preschool 2010-2011 school year.

Parent Full Name (*Please Print*) _____

Parent Signature: _____ Date: _____



Authorization for Emergency Treatment

I, _____, hereby authorize any physician
 (PARENT OR GUARDIAN)
 member of the Department of Emergency Medicine of Fair Oaks Hospital, Fairfax Hospital, Emergency Care Center of Reston / Herndon, and Mount Vernon Hospital or any member of the Medical Staffs of the Above mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of

 (NAME OF CHILD OR DEPENDENT)

Child's Date of Birth: _____

Child's Allergies (if any): _____

Child's Dr.: _____ Telephone #: _____

Family Dr.: _____ Telephone #: _____

Medicines Child is taking: _____

Date of Last Tetanus Shot: _____

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.): _____

Insurance Information

Insurance Company: _____

Identification / Policy No.: _____

Subscriber's name: _____

Subscriber's Place of Employment: _____

Subscriber's Telephone No.: _____

ALL PARENTS AND GUARDIANS ARE RESPONSIBLE FOR MAINTAINING THIS CONSENT FORM AS IT CANNOT BE MAINTAINED BY THE HOSPITAL.

 DATE

 SIGNATURE OF PARENT OR GUARDIAN

EPIPHANY PRESCHOOL EMERGENCY CARE INFORMATION

Student's Full Name _____

Date of Birth _____ (Please circle) Boy Girl

Home Address _____

Mother's Name _____ Father's Name _____

Home # _____ Home # _____

Work # _____ Work # _____

Cell# _____ Cell# _____

Local Emergency Contact (other than parent)

1. Name & Relationship _____

Home # _____ Cell # _____

2. Name & Relationship _____

Home # _____ Cell # _____

MEDICAL INFORMATION

List any medications taken regularly and adverse effects:

List any allergies and accompanying reactions:

Is the student under a physician's continuing care? If yes, please explain:

The school has my permission in an emergency when I and my emergency contact cannot be reached, to send my child to the emergency room of the nearest hospital, and the hospital and its' medical staff have my authorization to provide any treatment which a physician deems necessary for the well-being of my child.

Parent Signature _____ Date _____