

# Epiphany Preschool – New Student Registration Form 2012-2013

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**

**3-Days \$270 / 4-Days \$330 / Kid's Club \$60/month, each day (Monday and/or Friday)**

## Epiphany Preschool Office Use Only

Class (Please circle)    3-Days    4-Days    Kid's Club:    Monday    Friday

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: \_\_\_\_\_

## Father Information

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If Not Child's): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

## Mother Information

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If Not Child's): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

## 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 \_\_\_\_\_

Child's Name to be used at school \_\_\_\_\_

## ***FAMILY LIFE***

Adults who live in the home:

\_\_\_\_\_

Siblings and their Ages:

\_\_\_\_\_

\_\_\_\_\_

## ***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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **CHURCH INFORMATION**

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

Name of Church: \_\_\_\_\_

# **PARENTAL INVOLVEMENT**

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

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

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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!

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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

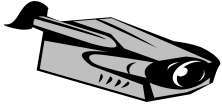
Preschool families are invited to participate in all Church of the Epiphany activities. Would your family like to be included in the Epiphany Candle E-Mail distribution list and other mailings? YES NO

All information on this form will be kept confidential.

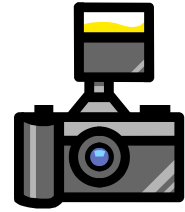
*I have read the Parent Handbook (go online to [www.epiphanypreschool.org](http://www.epiphanypreschool.org)) and agree to abide by the policies and procedures stated within.*

\_\_\_\_\_  
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 2012-2013 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 2012-2013 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 2012-2013 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 \_\_\_\_\_ 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 \_\_\_\_\_