



## 2023-2024 2 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 9:00am - 1:00pm \_\_\_\_\_  
 Mon/Wed/Fri 9:00am - 1:00pm \_\_\_\_\_

**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:**

**2 Year Olds - Tues/Thurs, 9:00am - 1:00pm - \$335.00**  
**2 Year Olds - Mon/Wed/Fri, 9:00am - 1:00pm - \$385.00**

**The registration fee of \$95, and the May 2024 tuition payment is required to hold your child's place in our school. 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

1 John 4:16 God is love

**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 \$95 registration fee is non-refundable.**
- **May 2024 tuition paid at registration is non-refundable and will not be applied to any other month.**
- **Tuition is due the 1<sup>st</sup> 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**