



PRESCHOOL & KINDERGARTEN

1 John 4:18 God is love

2024-2025 4-YEAR-OLD REGISTRATION FORM

Child's Name: _____
First Middle Last

Name Teacher Should Call Your Child: _____

Birth Date: _____

Gender assigned at birth: _____

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 _____
Monday-Friday 9:00 am - 1:00 pm _____

Parent Name 1: _____
Street Address _____
City, State, Zip _____
Employed by: _____
Phone (Cell): _____
Phone (Work): _____
E-Mail Address: _____

Parent Name 2: _____
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 about 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 the 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:

- 3/4-Year-Old - Tues/Thurs, 9:00 am - 1:00 pm - \$355
- 4-Year-Old - Mon/Wed/Fri, 9:00 am - 1:00 pm - \$405
- 4-Year-Old - Monday-Friday, 9:00 am - 1:00 pm - \$560

The registration fee of \$95 and the May 2025 tuition payment are required to hold your child's place in our school. There will be no refunds for any reason.

Complete and sign:
I permit my child to participate fully in all 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 \$95 registration fee is non-refundable.
- May 2025 tuition paid at registration is non-refundable and will not be applied to any other month.
- September tuition and the annual activity fee are due August 1st.
- Tuition is due on the 1st of each month. A \$10.00 late fee 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