



PRE-SCHOOL & KINDERGARTEN

1 John 4:18 God is love

# 2023-2024 TRANSITIONAL KINDERGARTEN/KINDERGARTEN REGISTRATION FORM

Child's Name: \_\_\_\_\_  
First Middle Last

Name Teacher Should Call Your Child: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex: Boy Girl

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? \_\_\_\_\_

<b>For Office Use Only</b>	
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:

**Monday-Friday, 9:00am - 2:00 pm - \$635.00**

**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**