



PRE-SCHOOL & KINDERGARTEN

1 John 4:18 God is love

2023-2024 3 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 9:00 am - 1:00 pm _____
Mon/Wed/Fri 9:00 am - 1:00 pm _____
Monday-Friday 9:00 am - 1:00 pm _____

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? _____

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:

- 3 Year Olds - Tues/Thurs, 9:00am - 1:00pm - \$335.00
- 3 Year Olds - Mon/Wed/Fri, 9:00am - 1:00pm - \$385.00
- 3 Year Olds - Monday-Friday, 9:00am - 1:00pm - \$530.00

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

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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 2024 tuition paid at registration is non-refundable and will not be applied to any other month.**
- **Tuition is due the 1st 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