

Ascension Episcopal Day School

2025-26 Re-Registration Form

Note: Please legibly fill out the entire form to ensure we have current information.

Name of Child:	DOB	Today's Date:
Changes to Chronic Physical Problems/Pertinent Developmental Information (including premature birth)/Special Accommodations:		
Member of our Church?		

PARENT(S)/GUARDIAN(S)

Parent/Guardian 1:	Place Employed:	Business Phone:
Home Address: Zip:		Home Phone:
Cell Phone:	Work email:	Home email:
Parent/Guardian 2:	Place Employed:	Business Phone:
Home Address: Zip:		Home Phone:
Cell Phone:	Work email:	Home email:
Email(s) for statements and communications:		
Person(s) or Agency Having Legal Custody of Child:		

EMERGENCY INFORMATION

During School hours the best way to contact parents: Name		#
Alternate: Name		#
Changes to Allergies or Intolerances to Food, Medication, etc.		
Child's Physician		Phone
Authorized People for Pick-up if Parent(s) Are Not Available.	Address	Phone & Relationship
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
Person(s) <u>NOT</u> Authorized to Pick Up Child*		

*****Please submit any updated shot records*****

Enrollment Plans

To help us plan for future enrollment, we ask that you fill out the information below regarding your intentions for the coming school year. This information is for planning purposes only and does not bind you to any decision. If you are unsure of your plans but do not anticipate leaving, please choose the first option below.

Please select the option applicable to your plans:

- ☐ My child will be enrolled at AEDS through December 2025 with no changes.
- ☐ My child will be enrolled at AEDS through December 2025, but I would like to discuss possible changes to my enrollment plan (i.e., part-time to full-time, or full-time to part-time).*
- ☐ My child will not be enrolled at AEDS through December 2025.
I plan to un-enroll my child on approximately the following date: _____.**

***Please note that desired changes to enrollment status are not guaranteed based on the completion of this form, but will be discussed and accommodated as we are able.**

****This form is for school planning purposes only, and does not constitute a formal withdrawal letter. You will still need to submit a written notice of intent regarding withdrawal, with 30 days' notice, in order to be eligible for security deposit refunds.**

For parents of rising and/or current PreK 3 & PreK 4/5 Students:

A non-refundable deposit of \$300 is due by April 5th to hold your child's spot for the 2025-26 school year. That deposit will be applied to your September 2025 tuition, and will be invoiced via Procure in April. If your child is leaving AEDS prior to September, but will be with us for part of the summer, please note that July & August will be billed as full months, respectively.

Signatures:

Parent/Guardian 1:

Print Name

Signature

Date

Parent/Guardian 2:

Print Name

Signature

Date

----- ADMINISTRATIVE -----

Received by: _____
Signature

Date