



|                              |       |
|------------------------------|-------|
| For Administrative Use Only: |       |
| Registration Date            | _____ |
| Registration Fee Paid        | _____ |
| Class:                       | _____ |
| Registration Number:         | _____ |

**2020 - 2021**

**Episcopal Day School of Evergreen**

Immunization Exemptions may affect chances of enrollment

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE BY OCT. 1 \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

HOME/CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

Is your child: Walking?  Yes  No Potty trained?  Yes  No  Actively in Progress

Does your child take medication or have a medical condition?  Yes (i.e. asthma/diabetes/allergies)  No

Is your child immunized?  Yes  No (Exempt)  On a State Approved Catch-up Plan

Do you plan to pay:  Monthly  Quarterly  Yearly (In Full)

Do you plan to pay by:  cash/check/ACH (discount) or  credit/debit card (**NO** discount)

PLEASE INDICATE WHICH DAY(S) YOU WISH YOUR CHILD TO ATTEND THE  
2020-21 SCHOOL YEAR:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**We require registration to be for a minimum of two days a week.**

School begins Monday, Aug. 24, 2020 and ends Friday, May 14, 2021.

Extended Care will be available on a contract basis at an additional cost.

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| <p>IF THE DAYS YOU CHOSE ARE FULL, ARE YOU OPEN TO CHANGING DAYS?<br/>If you indicate "NO," you will be placed on a waiting list.<br/>YES _____ NO _____</p> |
|--|

SIGNATURE

DATE

By signing this document, you agree to the terms and conditions of the Policies and Procedures of the Episcopal Day School of Evergreen, and understand that the registration fee is non-refundable.

Policies and Procedures are found at [edse.org](http://edse.org) on the Forms and Policies page or in the EDSE office.