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For Administrative Use Only:					
Registration Date					
Registration Fee Paid					
Class:					
Registration Number:					

## Episcopal Day School of Evergreen

EDSE only accepts Medical Immunization Exemptions

CHILD'S NAME			
		AGE BY OCT. 1	MALE/FEMALE
PARENT/GUARDIA	N		
		WORK PHONE	<del> </del>
EMAIL	<del></del>		
ADDRESS			
PARENT/GUARDIA	N		
		WORK PHONE	
Is your child immuni  Yearly tuition will be o Do you plan to pay by:	zed? □ Yes □ livided into 10 paymo □ cash/check, ICATE WHICH [	ve a medical condition?   Yes (i.e. as No (Exempt)   On a State Appleats, paid monthly, from August to Modern   ACH (discount) or   CAY(S) YOU WISH YOUR CHILD   DAY(S) CHOOL YEAR:	roved Catch-up Plan ay. /debit card <u>(NO</u> discount)
Monday	Tuesday	_ Wednesday Thursday _	Friday
We red	uire registratio	n to be for a minimum of two	days a week.
Scho	ol begins Monday,	, Aug. 21, 2023 and ends Friday, M	ay 17, 2024.
Extend	ded Care will be av	vailable on a contract basis at an ac	dditional cost.
	If you indicate	SE ARE FULL, ARE YOU OPEN TO CHANGING  "NO," you will be placed on a waiting list. YES NO	i DAYS?
	SIGNATUR		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 on the Forms and Policies page or in the EDSE office.