



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

2024-2025

Episcopal Day School of Evergreen

EDSE only accepts Medical Immunization Exemptions

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

Yearly tuition will be divided into 10 payments, paid monthly, from August to May.

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
2024-25 SCHOOL YEAR:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

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

School begins Monday, Aug. 26, 2024 and ends Friday, May 16, 2025.

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

<p>IF THE DAYS YOU CHOSE ARE FULL, ARE YOU OPEN TO CHANGING DAYS? If you indicate "NO," you will be placed on a waiting list. YES _____ NO _____</p>
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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 on the Forms and Policies page or in the EDSE office.