

# EPWORTH CHILDREN'S DAY OUT REGISTRATION FORM

*(Please print all information)*

**One Day a Week Tuesday-Friday 9:00 AM – 11:30 AM**

Entrance Date \_\_\_\_\_ Preferred Day \_\_\_\_\_ 2<sup>nd</sup> Choice Day \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle (Name for Nametag)

Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Mother/Guardian's Name** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Phone Number (if different) \_\_\_\_\_

**Father's/Guardian's Name** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Phone Number (if different) \_\_\_\_\_

Parent Email Address (to be used for Epworth Preschool communications, only) \_\_\_\_\_

**PLEASE REMIT THIS FORM WITH YOUR REGISTRATION CHECK FOR:**

\$50.00 – Registration/Activity Fee

and

\$70.00 – May 2021 Tuition

\*The Registration Fee is Non-Refundable.

\*\*Make checks payable to Epworth United Methodist Church, note "CDO" in memo line.

**For Office Use Only**

**New Epworth Preschool Student** Y\_\_\_\_N\_\_\_\_

**Reg. Fee Paid + Tuition** \_\_\_\_\_

**Date** \_\_\_\_\_

**Add'l Notes** \_\_\_\_\_

**\*WRITTEN WITHDRAWALS ARE REQUIRED OF PAID REGISTRATIONS AT LEAST TWO SCHOOL WEEKS IN ADVANCE TO RECEIVE A REFUND IN TUITION\***

**\*\*ALL STUDENTS MUST BE IMMUNIZED AND ALL DOCTOR FORMS MUST BE IN BEFORE SCHOOL STARTS\*\***