



5181 Princess Anne Road • Virginia Beach, VA 23462 • (757) 499-7393

2011-2012 REGISTRATION FORM

CHILD'S AGE AS OF SEPTEMBER 30, 2011: _____

REGISTRATION FEE: \$166

REQUESTED DAYS PER WEEK: _____

NAME OF CHILD: _____ CURRENT AGE: _____ SEX: _____

NICKNAME: _____ NEIGHBORHOOD: _____

ADDRESS: _____ ZIP: _____

E-MAIL ADDRESSES: _____

HOME TELEPHONE: _____ CHILD'S DATE OF BIRTH _____

EMERGENCY NAME & TELEPHONE: _____

MOTHER'S NAME: _____ TELEPHONE: _____

OCCUPATION: _____ TELEPHONE: _____

FATHER'S
NAME: _____ TELEPHONE: _____

OCCUPATION: _____ TELEPHONE: _____

ANY SPECIAL INFORMATION REGARDING YOUR CHILD: _____

PARENT SPECIAL INTERESTS OR HOBBIES: _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

SPECIAL REQUESTS: _____

I DO ___ DO NOT ___ CONSENT TO USE OF MY CHILD'S PHOTO ON THE CHURCH'S WEBSITE.

DAY SCHOOL HOURS: 9:00 A.M. TO 12:30 P.M. DIRECTOR: SARAH SINGER 499-7393
PLEASE MAKE YOUR CHECK PAYABLE TO: E.E.D.S. (EMMANUEL EPISCOPAL DAY SCHOOL).
TUITION IS DUE BEFORE THE TENTH OF EACH MONTH. RECEIPT AVAILABLE UPON REQUEST.
REGISTRATION FEE MUST ACCOMPANY THIS FORM AND IS SUBJECT TO AVAILABILITY.
A RECORD OF YOUR CHILD'S PHYSICAL & IMMUNIZATIONS WILL BE DUE UPON START DATE.

.....
TO BE COMPLETED BY DAY SCHOOL DIRECTOR:

IDENTITY VERIFICATION: _____ PLACE OF BIRTH: _____ DATE ISSUED: _____
REGISTRATION FEE: \$166 (DATE PAID: _____ CHECK#: _____) MONTHLY TUITION: \$ _____