EPWORTH CHILDREN’S DAY OUT REGISTRATION FORM

(Please print all information.)

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

Start Date Preferred Day 2nd 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:**

**For Office Use Only**

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

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

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

**Add’l Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

$50.00 – Registration/Activity Fee

and

$70.00 – May 2022 Tuition

* The registration fee is non-refundable.
* Make checks payable to Epworth Preschool

Please note “CDO” in memo line.

Mail to: Epworth Preschool

3077 Valleyview Dr

Toledo, OH 43615

\***WRITTEN WITHDRAWALS ARE REQUIRED OF PAID REGISTRATIONS AT LEAST TWO WEEKS IN ADVANCE.\***

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