

**Episcopal Day School
315 Lindsey Street, Reidsville, NC 27320
(336)349-3511 x 106**

EDS Registration Form For 2017-2018

Full Name of child _____
(First Name) (Middle Name) (Last Name)

Name preferred _____ **Birthdate** _____

Parent's Name(s) _____

Residence Address _____

Mailing Address (if different from residence) _____

Home Telephone Number _____

Cell Phone Number(s) _____ **Mother** _____ **Father** _____

Email Address _____ **How did you hear about us?** _____

Emergency Telephone Number _____
(In case we are unable to contact parent at home or work telephone numbers)

Father's Employment _____ **Telephone** _____

Mother's Employment _____ **Telephone** _____

Child's Medical Insurance Provider _____
(Please attach a copy of insurance card or other proof of insurance when returning form)

Are you a member of St. Thomas Church? _____

Names and Dates of Siblings Who Attend/Have Attended EDS _____

Program Desired and Tuition Per Month (check One)

3-day two year old program (Tuesday-Thursday of each week)	\$110.00 per month _____
4-day two year old program (Monday - Thursday of each week)	\$130.00 per month _____
3-day 3/4 year old preschool (Tuesday-Thursday of each week)	\$110.00 per month _____
4-day 3/4 year old preschool (Monday-Thursday of each week)	\$130.00 per month _____

*Scholarships available - Call EDS Treasurer, (336)342-3004, for more information

Registration/Supply Fee (non-refundable)

3-day two year old program-\$50 per school year
4-day two year old program - \$60 per school year
3-day preschool-\$70 per school year
4-day preschool-\$80 per school year

Tuition is due one month in advance. September tuition must be received on or before August 15th in order for your child to attend the first day of school.

By signing this registration form, it is agreed that completion of this registration form and acceptance of this child by the school obligates the parents/guardians for full tuition payments as outlined in this admissions information packet. **There are no tuition refunds for voluntary withdrawal, NO EXCEPTIONS.**

Please sign _____ Date signed _____

Please return: (1) this form, (2) proof of child's medical insurance coverage and (3) the Registration/Supply Fee made payable to: **EPISCOPAL DAY SCHOOL**. Registration/Supply Fee is **non-refundable**, except as outlined in the Admissions Policy. NO application for admission shall be denied because of race, creed, nationality, social or economic status.