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

EDS Registration Form For 2018-2019

Full Name of child_			
	(First Name)	(Middle Name)	(Last Name)
Name preferred		Birthdate	
Parent's Name(s)_			
Residence Address_			
Mailing Address (if	different from resid	dence)	
Home Telephone No	umber		
Cell Phone Number	(s)	Mother	Father
Email Address		How did you hear about	t us?
(In case we are unable to contact	•	•	
Father's Employme	nt	Telephone	
Mother's Employme	ent	Telephone	
		of insurance when returning form)	
Are you a member o	of St. Thomas Ch	urch?	
Names and Dates o	f Siblings Who A	ttend/Have Attended EDS_	
	Program Desired	l and Tuition Per Month (ch	neck One)
3-day program (Tue 4-day program (Mor *Scholarships	esday-Thursday of nday-Thursday of e applications availabl	each week) \$120.00 per each week) \$140.00 per e – See a teacher for application/	month month(3's & 4's only) more information
4-d :	3-day presci	n/Supply Fee (non-refunda hool-\$75 per school year 5 per school year (3's & 4's	-
		tember tuition must be receiv to attend the first day of sch	red on or before August 15th in ool.
By signing this registration fo child by the school obligates tinformation packet. There ar	he parents/guardi	ans for full tuition payments a	
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: <u>EPISCOPAL DAY SCHOOL</u>. Registration/Supply Fee is <u>non-refundable</u>, except as outlined in the Admissions Policy. NO application for admission shall be denied because of race, creed, nationality, social or economic status.