

EMMANUEL EPISCOPAL DAY SCHOOL

498 Prince Avenue
Athens, Georgia 30601
706-543-1294 x207

A Ministry of Emmanuel Episcopal Church

DATE: _____

REGISTRATION FORM

Please indicate the class you wish to apply for by ranking your order of preference. (1st, 2nd, 3rd). All classes are subject to change or cancellation depending on enrollment. (Your child must be the age of the class by Sept. 1st except young two's.

Two-Year-Olds

_____ 5 days

_____ 3 days (M, W, F)

_____ 2 days (T,Thurs)

Three-Year-Olds

_____ 5 days

_____ 4 days (M-Thurs)

_____ 3 days (M, W, F)

Four-Year-Olds

_____ 5 days

FAMILY INFORMATION

Child's name: _____
First Middle Last (Name called)

Address: _____
_____ Zip code: _____

Home Phone: _____ Date of Birth: _____

Parent's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Parent's Name _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email address: _____

Church Affiliation: _____

Sibling Name: _____ Age: _____

Sibling Name: _____ Age: _____

Local Emergency Contact Person (other than immediate family):

Name: _____ Phone: _____

Referred to Emmanuel by: _____

HEALTH INFORMATION

- Please list any health problems or allergies:

- A physician signed health form and a #3231 immunization form will be required before your child starts school.
(This form along with others will be distributed in your welcome packet mailed in late June)

- **Media Consent:** The media may request to videotape, interview, or photograph our students. Emmanuel Church may request to use pictures for our website.

_____ I **do** approve the use of my child's picture.

_____ I **do not** approve the use of my child's picture

- We publish a school directory in mid-September with the following information: Please indicate below if you do want the information to be distributed to other parents. (**Please cross off any items you do not want included.**)

Student name

Parent's name

Address

Phone

Email

_____ I **do** want my information included in the directory.

_____ I **do not** want my information included in the directory.

- _____ I understand that Emmanuel Episcopal Day School is exempt from licensing from the state of Georgia. We are registered with the state for this exemption. Emmanuel Church carries liability insurance for our program.

SPECIAL NOTES

Special situations: Emmanuel Episcopal Day School reserves the right to remove any child from the program due to discipline problems. Any child with special needs or developmental delays must complete an evaluation process in order to place the child in the best possible situation.

Parent's Signature _____ Date _____