

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

**EDS Registration Form For 2012-2013**

**Full Name of child** \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

**Nickname (if any)** \_\_\_\_\_ **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)

**Local Church Affiliation** \_\_\_\_\_

**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) \$100.00 per month \_\_\_\_\_

**3-day 3/4 year old preschool** (Tuesday-Thursday of each week) \$100.00 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**

**3-day two year old program-\$40 per school year**

**3-day preschool-\$60 per school year**

**4-day preschool-\$70 per school year**

**It is agreed that completion of this registration form and acceptance of this child by the school obligates the parent, after the child actually enters the Episcopal Day School, for one year's tuition. NO application for admission shall be denied because of race, creed, nationality, social or economic status.**

**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. Please mail to the above address. Registration/Supply Fee is non-refundable, except as outlined in the Admissions Policy.**