For Internal Use Only 2024 - 2025 Pmt Rcvd Date: Check #: School Year Application Or Re-application: no fee required Epiphany EARLY LEARNING PRESCHOOL **Enrollment Application** Initial Application **Re-Application** Choose one: Birth Date \_\_\_\_ / \_\_\_ / \_\_\_ year Child's Name last first Step 1. Please indicate the program for which you are applying. Preschool (2.5-5 year olds) Toddlers (1.5-2 year olds) Step 2. Please indicate your preferred schedule. Please check all that apply. **5 days/week 4 days/week 3 days/week Preferred days: M T W** F Th **Full Days** (open 7:30-5:30) **School Days** (8:15-3:15) Preferred start date: \_\_\_\_\_ Comments: \_\_\_\_\_ Step 3. Parent(s) and/or Guardian(s) Information: \_\_\_) \_\_\_ cell phone name zip code street address city state email address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ work phone name citv zip code street address state email address Step 4. Please attach a photo of your child to this application. Step 5. Please indicate the languages spoken at home.

## Step 6. Please let us know how you heard about Epiphany Early Learning.

Step 7. Please attach a fee of \$75, payable to Epiphany Early Learning. This is a non-refundable fee and does not guarantee enrollment at Epiphany Early Learning. Please complete a separate form for each child, with a fee accompanying each form. **The \$75 fee is for initial applications only. If this is a re-application, no fee is required.** 

Epiphany Early Learning welcomes children of all races, cultures, religions, languages, families, income levels and abilities. Please share with us anything you'd like us to know about your child in terms of her/his disposition, behavior, family situation, life experiences, allergies, chronic illnesses, special needs, or anything else you believe would be helpful for us to know at this time.

Please mail completed form, along with photo and \$75 check (initial applications only) to:

Epiphany Early Learning Preschool 1805 38<sup>th</sup> Avenue Seattle WA 98122

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