2025–2026 School Year Application



For Internal Use Only:					
Pmt Rovd Date:					
Check #:					
Or					
Re-application: no fee required					

	Choose one:	Initial Application		Re-Application	I				
Child's Name	last	,	first	Birth Date _	/ month day	_ / year			
Step 1. Please indicate the program for which you are applying.									
Preschool (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	Preferre	ed days: M	тw	Th F			
Preferred start d	ate:								
Comments:									
Step 3. Parent(s) and/or Guardiar			()	work phone				
street addres	s	city state	zip code	ema	il address				
nam	ie	() _	cell phone	()	work phone				
street addres	S	city state	zip code	em	ail 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 38th Avenue Seattle WA 98122

Date: Note:	For Internal Use Only:		