



Epiphany Lutheran School Application Form

2007-2008 School Year

8300 Deerlake Road West * Tallahassee, FL 32312 * (850)385-9822 * website: www.epiphanystar.org

ENROLLMENT INFORMATION

Please mark the class or programs for which you are enrolling your child for the 2007-2008 school year:

PRESCHOOL:

Wee3

___ PK2 ½ (3 day) for qualified preschoolers turning 3 years between May 1 – December 31, 2007 ___ Initial
___ PK2 ½ (5 day) for qualified preschoolers turning 3 years between May 1 – December 31, 2007 ___

PK3

___ PK3 (3 day) for qualified preschoolers turning 3 years between September 1, 2006 - May 1, 2007 ___
___ PK3 (5 day) for qualified preschoolers turning 3 years between September 1, 2006 - May 1, 2007 ___

VPK

___ PK4 (5 day) VPK approved for qualified preschoolers turning 4 years old by September 1, 2007 ___
Certificate of eligibility required.

EXTENDED DAY CHILD CARE PROGRAMS FOR EPIPHANY STUDENTS: (August 20, 2007 – May 30, 2008)

___ **Early Bird:** 7:15-9:00 a.m. child care for Epiphany preschool students ___ Initial
___ **Lunch Bunch:** 12:00 noon – 3:00 p.m. child care for Epiphany preschool students ___
___ **Kids Club:** 3:00 – 6:00 p.m. childcare for Epiphany preschool students ___

EXTENDED DAY CHILD CARE PROGRAMS FOR COMMUNITY ELEMENTARY STUDENTS: (August 20, 2007 – May 30, 2008)

___ **Community Kids Club:**
2:00 – 6:00 p.m. childcare for *ELEMENTARY STUDENTS IN THE COMMUNITY*

___ **Bus Transportation:** from student's school to Kids Club at Epiphany Lutheran School
Circle one: Killearn Lakes Elementary Hawks Rise Elementary

2007 SUMMER CAMP FOR ELEMENTARY & PRESCHOOL CHILDREN (AGES 3 – 12 YEARS) (June 4 – August 10, 2007) Please check the weeks below that you wish for your child to attend:

___ June 4 - 8 ___ June 25 – 29 ___ July 16 – 20 ___ Aug. 6 – Aug. 10
___ June 11 – 15 ___ July 2 – 6 * ___ July 23 - 27
___ June 18 – 22 ___ July 9 – 13 ___ July 30 – Aug. 3

** 4 day camp week – please note that camp is closed for the July 4th holiday this week.

Initial _____ Date _____

PERSONAL/FAMILY INFORMATION

Student's Name: _____ **Date of Birth:** _____
(Last) (First) (Middle)

Student prefers to be called: _____

Pediatrician: _____
Dentist: _____

Phone Number: _____
Phone Number: _____

Dad's Name: _____
Home Address: _____

Mom's Name: _____
Home Address: _____

Church Affiliation: _____

Church Affiliation: _____

Occupation: _____

Occupation: _____

Employment: _____

Employment: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Pager: _____

Pager: _____

Email address: _____

Email Address: _____

Other: _____

Other: _____

The student resides with: BOTH PARENTS FATHER MOTHER STEPPARENTS OTHER

Name(s) of brothers/sisters:

Date of Birth:

EDUCATIONAL HISTORY

Current/Last School Attended: _____

School Phone: _____

Reason for Transfer:

Preschool Applicants must be toilet trained. Is your child toilet trained? YES NO

A student is NOT toilet trained if the child has more than 2 accidents for 2 consecutive weeks of school beginning after the Labor Day Holiday. If toilet training is not evident according to the criteria above, then the student must stay home at least one month, until toilet training is accomplished.

Does your child have any learning difficulties or disabilities? YES NO

If yes, please comment and attach any testing documents that have been completed for your child: _____

Has your child ever been diagnosed with Attention Deficit Disorder or Attention Deficit/Hyperactive Disorder?

YES NO

If yes, please comment and list the name and dosage of prescribed medication, if any: _____

Does your child have any mental, emotional, or physical condition which may affect his/her activities or progress?

YES NO

If yes, please comment: _____

Initial _____ **Date** _____

PARENT/GUARDIAN AGREEMENT

I certify that the information on pages 1, 2 and 3 of this application is correct. I have read the tuition and fees guidelines provided in the application packet and agree to adhere to these requirements if my child is enrolled at Epiphany Lutheran School. I further agree to fulfill Epiphany Lutheran School's volunteer requirement. I understand that enrollment and attendance is a privilege and not a right. I further understand that Epiphany Lutheran School reserves the right to terminate, at its discretion, any child's enrollment if at any time his/her conduct, learning needs, or cooperation with the school authorities are not in keeping with the school's standards.

If enrolled at Epiphany Lutheran School, I choose to pay tuition/fees:

___10 monthly installments ___1 annual payment
(The registration fee is waived when tuition is paid in one annual installment by May 5, 2007)

Signature of Mother or Legal Guardian

Signature of Father or Legal Guardian

Date