

**HOLY COMFORTER EPISCOPAL KINDERGARTEN**

543 Beulah Road NE  
Vienna, Virginia 22180-3599  
703-938-3704

**CHILD'S NAME:** \_\_\_\_\_ Nickname: \_\_\_\_\_

Sex [m] ☐ [f] ☐ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

**MOTHER'S FULL NAME:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: Work \_\_\_\_\_ Cell \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours \_\_\_\_\_ to \_\_\_\_\_ Work Days \_\_\_\_\_

**FATHER'S FULL NAME:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: Work \_\_\_\_\_ Cell \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours \_\_\_\_\_ to \_\_\_\_\_ Work Days \_\_\_\_\_

**BEST CONTACT EMAIL ADDRESS (ES):** \_\_\_\_\_

**OFFICE USE ONLY**

**Received**

Tuition Contract \_\_\_\_\_  
Permission \_\_\_\_\_  
Emergency Care \_\_\_\_\_  
Health Form \_\_\_\_\_  
Allergy Alert \_\_\_\_\_  
Parishioner Form \_\_\_\_\_  
Birth Certificate \_\_\_\_\_

**Registration**

Reg. Fee \$100 Check# \_\_\_\_\_  
Sept Tuition \$925 Check# \_\_\_\_\_  
Supply Fee \$150 Check# \_\_\_\_\_  
May Tuition \$925 Check# \_\_\_\_\_  
Supply Fee \$150 Check# \_\_\_\_\_  
ENV# \_\_\_\_\_  
School Year: \_\_\_\_\_

**[NOTE]** If parents are separated or divorced, please respond to the following:

When did the separation/divorce occur? \_\_\_\_\_

The custody arrangements for my child are as follows: \_\_\_\_\_

Names and ages of Persons living in your household: [siblings, grandparents, nannies, etc.]

Name	Relationship	Age (if sibling)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and Relationship of people who care for your child

Name	Relationship to your child
_____	_____
_____	_____
_____	_____

Is your family affiliated with a church? \_\_\_\_\_

Name of church \_\_\_\_\_

### **SCHOOL PICK UP INFORMATION**

Please list people that are approved to pick up your child from school:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **EMERGENCY INFORMATION**

Please list 2 people to contact locally in case of an emergency other than parents:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

What in particular are you seeking from our program to offer your child? \_\_\_\_\_

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Please add any comments that would help us get to know your child better.

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What language[s] are spoken in your home? \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: All students must complete the Allergy Alert Form.**

Does your child have any medical conditions or disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe conditions physical or developmental:

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This information allows us to better serve your child's needs.

Does your child routinely take any medications? \_\_\_\_\_

**\*\*If so, please note: HCEP & K personnel will not administer medication to students.**

Has your child been referred for a hearing, speech or OT evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been referred to the Child Find Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have an IEP (Individual Education Plan)? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information: \_\_\_\_\_

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Has your child attended any other preschool or childcare center? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name & location:

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With whom does your child primarily play? Adults \_\_\_\_ Children \_\_\_\_ Alone \_\_\_\_

List your child's favorite play activities: \_\_\_\_\_

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