

HOLY COMFORTER EPISCOPAL PRESCHOOL

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

Year	Program	Received	Registration
_____	5 day _____	Tuition Contract _____	Reg. Fee \$ _____ Check# _____
	4 day _____	Permission _____	
	3 day _____	Emergency Care _____	May Tuition \$ _____ Check# _____
		Health Form _____	
		Allergy Alert _____	Supply Fee \$ _____ Check# _____
		Parishioner Form _____	
	ENV# _____	Birth Certificate _____	Tote Bag \$ _____ Check# _____

[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 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? _____

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

What language[s] are spoken in your home? _____

How does your child ask to go to the bathroom? _____

Does your child have any allergies? Yes _____ No _____

Note: All students must complete the Allergy Alert Form.

Does your child have any known medical conditions or disabilities? Yes _____ No _____

If yes, please describe conditions physical or developmental:

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: _____

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

If yes, please list name & location:

With whom does your child primarily play? Adults _____ Children _____ Alone _____

List your child's favorite play activities: _____
