

EPIC Days

An afterschool program for students in Kindergarten-5th grade September 2018 - June 2019 Registration Form

Student's Full Name _____ Date of Birth: ____/____/____
Last name First Name Middle Initial

Student's preferred name (if different from above) _____ ☐ M ☐ F

☐ New EPIC Days Family ☐ Pebble Alumni Family Member of MIPC? ☐ Yes ☐ No

Student's Grade as of Sept. 1, 2018: ☐ K ☐ 1 ☐ 2 OR ☐ 3 ☐ 4 ☐ 5 **Student's School** _____

☐ I am signing up for WEDNESDAYS ONLY at \$190 per month.

☐ I am signing up for TWO DAYS A WEEK at \$230 per month.

☐ I am signing up for THREE DAYS A WEEK at \$265 per month.

☐ I am signing up for FOUR DAYS A WEEK at \$300 per month.

☐ I am signing up for FIVE DAYS A WEEK at \$345 per month.

If registering for 2 or more days, please indicate 1st and 2nd choice combination of days:

1st choice: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

2nd choice: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

TO REGISTER:

1. **Complete both sides of this registration form and attach the following non-refundable fees:**
 - **A \$75 registration fee. For families with more than one student registering, there is a \$100 maximum registration fee.**
 - **Last month's tuition payment.** (Payment will be collected monthly. September's payment will be collected prior to September 5, 2018.)
2. **Make checks payable to EPIC Days.**
3. **Return this registration form and fees to EPIC Days in person or mail to:**
Stephanie Boyer, EPIC Days Director, 3605 84th AVE SE, Mercer Island, WA 98040.

A \$50 activity fee will be collected in the fall; this fee covers all-school events and special projects.

EPIC will accept registrations until spots are full. When classes are full, we will move to a waitlist. Waitlisted families will receive a full refund if not enrolled. EPIC will contact you by email to confirm your registration status.

OVER



FAMILY INFORMATION:

Language(s) spoken at home _____

PARENT/GUARDIAN INFORMATION

Last name First

Address

Marital Status _____

Occupation _____

Name of Business/Employer _____

Work Address _____

Work Phone _____

Cell Phone _____

Email _____

PARENT/GUARDIAN INFORMATION

Last name First

Address

Marital Status _____

Occupation _____

Name of Business/Employer _____

Work Address _____

Work Phone _____

Cell Phone _____

Email _____

Student resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

List siblings living at home with your child:

Name _____ Birthdate _____ Relationship _____

Name _____ Birthdate _____ Relationship _____

Name _____ Birthdate _____ Relationship _____

How did you learn about EPIC Days afterschool program? _____