

# FAIRLINGTON PRESCHOOL APPLICATION/ENROLLMENT FORM

3900 King Street  
 Alexandria, VA 22302  
 703-671-3939 / Fax:703-820-7399  
[preschool@fairlingtonumc.org](mailto:preschool@fairlingtonumc.org)

Class \_\_\_\_\_  
 (to be filled in by the preschool)

Year \_\_\_\_\_

Application Fee \_\_\_\_\_ (\$45.00) **(New Applicants)**  
 Supply Fee \_\_\_\_\_ (\$145 annual fee, \$100 for yellow 2's)

The Application Fee **(NON-REFUNDABLE)** must accompany this application.

Applicant's Name:	Nickname:	Sex:	Birth date:
Street Address/City/State:	Zip Code:	Home Telephone:	
Language spoken in home:	Other children in the family (names and ages):		
Previous Child Care Programs and/or schools attended:		Parent Email:	

### Parent Information: All information MUST be complete and current.

Parent:	Cell Phone:	Business Phone:
Home Address and Phone (if different from applicant)	Business Name:	
Parent:	Cell Phone:	Business Phone:
Home Address and Phone (if different from applicant)	Business Name :	

### Guardian Information: All information MUST be complete and current

Person(s) or Agency that has legal custody of the child <b>(If PARENTS do not have custody)</b> :	
Home Address:	Home Phone:

How did you hear about our school?

Advertisement \_\_\_\_\_ Word of mouth \_\_\_\_\_ From a friend \_\_\_\_\_  
 Saw the banner \_\_\_\_\_ Attend this church \_\_\_\_\_ Other referral \_\_\_\_\_

## FAMILY HISTORY FORM (CONFIDENTIAL)

The purpose of this form is to help us get to know your child to insure a good match between your child's needs and his or her placement in our school. Please feel free to discuss any questions personally with the director. All answers will be considered confidential and do not affect acceptance.

### FAMILY STRUCTURE

1. Parents: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Parent Deceased \_\_\_\_\_

2. List all other persons in household besides parents and children (name and relationship):

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3. Who stays with child if both parents work? \_\_\_\_\_

4. Describe your child's relationship with his/her siblings:

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### CHILD'S DEVELOPMENT

1. Do you have any concerns about how your child plays with other children, or does your child play easily with other children?

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2. Approximately how old was your child when he/she

(a) used first words? \_\_\_\_\_ (b) used first sentences? \_\_\_\_\_

3. Does he/she use shorter, simpler sentences than playmates?

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4. Does your child comprehend most of what you say to him?

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4. Is your child's speech easy for you to understand?

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5. Has your child had frequent ear infections (more than three per year)?

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6. Is your child able to follow simple, familiar directions?

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7. If you feel that your child has difficulty understanding spoken language, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. List any physical difficulties your child may have or other aspects of your child's development you have concerns about (e.g. history of allergies, epilepsy, heart condition, premature birth, difficult delivery or prenatal problems)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does your child have any food allergies or food preferences? (e.g. vegetarian, vegan) \_\_\_\_\_  
\_\_\_\_\_

10. Please check any of the descriptions below if they apply to your child:
- objects to being touched or held       avoids certain textures of food
  - seems overly sensitive to sound       seems easily distracted by noise
  - appears overly sensitive to light
  - becomes excited when confronted by a variety of visual stimuli
  - seems fearful in space (e.g. going up and down stairs, riding on swings)
  - appears clumsy, often bumping into things and/or falling down
  - has difficulty or avoids paper/pencil/crayon activities (holding crayon, drawing or coloring at age level)
  - does not participate in self - help activities (e.g. feeding and dressing at age level)

11. What expectations do you have for your child in preschool?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO PHOTOGRAPH CHILD**

Children are photographed in our classrooms for use in news articles and just for fun. Sometimes these photographs are used outside the school for educational purposes or as publicity for the preschool. Children's names are never used with the photos on anything that would be circulated outside the school.

For these reasons, we ask your permission to photograph or videotape your child. Please sign below if you are willing to let us use the pictures for the activities mentioned above.

I give permission for my child \_\_\_\_\_ to be photographed at Fairlington Preschool.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Virginia State Law requires that we document reliable evidence of a child's identity and age. Proof of a child's identity and age may include a certified copy of the child's birth certificate, birth registration card, passport, copy of the placement agreement or other proof of the child's identity from a child placing agency. While we are not required to keep proof of a child's identity, documentation of viewing the information must be maintained for each child.

Please bring the required documentation when you come to visit our school with your child. Do not send it in the mail. Presentation of the documentation is required to begin school. Ask the office if you have any questions.

<b>OFFICE USE ONLY: VERIFICATION OF IDENTITY</b>		
Place of Birth:	Birth Certificate Number:	Birth Date:
Other Form of Proof (Passport, etc.):		Date Issued:
Verified by:	Date Child Entered Fairlington Preschool:	

## CLASS DESIRED

Mark your preferred class with a one (1) and if there is a second choice, mark it with a two (2).

1 or 2 Choice	Class Name	Class Description
	<b>YELLOW 2's</b>	Thursday and Friday beginning in January, 2017. Applicants must be 2 by the end of October 2016. Class will meet for 2 hours the first 2 weeks of school
	<b>PURPLE</b>	Thursday and Friday. Young Twos. Must turn 2 by end of August, 2016. Class will meet for 2 hours the first 2 weeks of school.
	<b>LILAC</b>	Mondays, Tuesdays, Wednesdays. Older Twos. Applicants must turn 2 by end of February, 2016.
	<b>BLUE</b>	Tuesdays, Wednesdays and Thursdays. Threes. Applicants must be three before September 30, 2016.
	<b>YELLOW</b>	Mondays, Tuesdays, and Wednesdays. Threes. Applicants must be three before September 30, 2016.
	<b>CORAL</b>	Tuesdays, Wednesdays and Thursdays Threes Applicants must be three before September 30, 2016
	<b>GREEN</b>	Tuesdays through Fridays. Fours. Applicants should turn 4 by September 30, 2016.
	<b>ORANGE</b>	Mondays through Fridays. Fours. Applicants must turn 4 by September 30, 2016.
	<b>RED, TEAL PARTNERSHIP</b>	Mondays through Fridays. Older threes and 4's. Applicants must turn 3 ½ by September 30, 2016.

## FINANCIAL AGREEMENT

It is hereby agreed that we, the parents of \_\_\_\_\_ do agree to pay the following charges the specified dates as follows:

Application Fee - New students only	\$ 45.00
Supply Fee	\$145.00
Supply fee for Yellow 2's	\$100.00

OPEN REGISTRATION begins January 22: Submit application and Application Fee.  
 Upon Acceptance into the school all students must pay a deposit of one month tuition and the supply fee. The tuition deposit is applied to June 2017 tuition. **Both the tuition deposit and supply fee is non-refundable.**

NOTE: Yellow 2's pay tuition from January through June.

I agree with the above conditions and understand that the deposit is non-refundable.

Parent Signature

Date

<u>Class:</u>	<u>Total Payment for the Year*</u>	<u>Monthly Payments**</u>
Yellow 2	\$1920	\$320
Purple	\$3200	\$320
Lilac	\$4250	\$425
Blue/Coral	\$4250	\$425
Yellow	\$4200	\$420
Green	\$4850	\$485
Orange, Red	\$5600	\$560
Teal		
	*If the total annual tuition is paid by September 30, 2016 (January 15, 2017 for the Yellow 2 class), you will receive a 2% discount on the total TUITION.	**The yearly tuition has been divided by ten months so payments are the same amount for the entire year. ***The yearly tuition for Yellow 2's is divided by six months instead of ten.