

ST. CHRISTOPHER'S PRESCHOOL

6320 HANOVER AVENUE

SPRINGFIELD, VA 22150

(703) 451-1845 (703) 451-1089(Fax)

info@stchristopherspreschool.net



2021-2022 APPLICATION FOR ENROLLMENT

Student Name: _____ / _____
Last First Middle Name Called

Boy _____ Girl _____ Birth Date: _____

Parent's Names: _____ / _____
Parent 1 Parent 2

Home Phone: _____ Par 1 Cell: _____ Par 2 Cell: _____

Primary EMAIL: _____ Secondary EMAIL: _____

Address: _____ / _____
Number & Street City/State Zip FCPS Base School

Parent 1 Occupation: _____ Business Phone: _____

Parent 2 Occupation: _____ Business Phone: _____

Siblings & Ages: _____

Physician's Name: _____ Office Phone: _____

ALLERGIES: _____

MEDICATIONS: _____

Local Emergency Information (if parent cannot be reached): - Two required by state of VA

Name(s): _____ Phone: _____

Name(s): _____ Phone: _____

Please list all persons* having your authorization to pick your child up from St. Christopher's Preschool:

PASSWORD*: _____

* Please note: All persons with your permission must be on this list, show a picture ID, and know the designated password you choose to take your child from the premises. There will be no exceptions.*

(APPLICATION - continued)

Is your child fully vaccinated? _____ Is your child potty trained? _____

Does your child speak a second language? _____ If so, which one? _____

Does your child have any preschool experience? _____

Sibling previously enrolled at St. Christopher's? _____ Church Affiliation? _____

List any referrals, testing, evaluations, or IEP obtained or given to your child.

List special things about your child that may help us understand him/her better. Each child is different and it is helpful to the teachers to know information on your child that may help them adjust to their first experiences away from the parents i.e. likes, dislikes, fears, soothing methods, special vocabulary, favorite toy, pets, concerns, etc.

Please check the class you prefer for your child:

AGE 2.5

AGE 3

AGE 4

TU/TH _____

M/T/TH _____

M/W/F _____

M/W/F _____

5 DAYS _____

5 DAYS _____

I authorize St. Christopher's to obtain emergency medical treatment for my child in the event that I cannot be reached, and will be responsible for all medical expenses incurred.

Parent Name (Print)

Signature

I understand that tuition is due on the first day of each month. A late fee will be imposed after the 5th day of the month. A written notice of withdrawal is required if you wish to terminate the agreement. Notice must be given 30 days in advance and withdrawals are effective only as of the first of a given month. Tuition deposits will not be returned after July 31st, 2020. No termination notices will be accepted after March 1st, 2021.

Parent Name (Print)

Signature

OFFICE USE ONLY:

Fees:

Application _____

Activity/Ins. _____ / _____

May 2021 _____

Eligible Discounts _____

Payment _____

Date Received _____

Forms:

VA Health Form _____

Birth Certificate _____

Tuition Contract _____

Policy Agreement _____

Handbook _____

Other _____