



ST. CHRISTOPHER'S PRESCHOOL

6320 HANOVER AVENUE

SPRINGFIELD, VA 22150

(703) 451-1845

info@stchristopherspreschool.net



2024-2025 APPLICATION FOR ENROLLMENT

Student Name: _____ / _____
Last First Middle Name Called

Gender: Boy Girl Date of Birth: _____

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

Parent 1 Cell: _____ Parent 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: _____

Student Lives with: Mom Dad Grandparents Siblings Other: _____

Physician's Name: _____ Office Phone: _____

ALLERGIES/Dietary Restrictions: _____

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? YES NO Is your child potty-trained? YES NO

Does your child speak a second language? YES NO If yes, which one? _____

Does your child have any preschool experience? _____

Sibling previously enrolled at St. Christopher's? _____

How did you hear about St. Christopher's Preschool? _____

Religious Affiliation? Christian Buddhist Hindu Muslim
Jewish Orthodox Other _____

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

TU/TH

AGE 3

M/W/F

5 DAYS

AGE 4

M/W/F

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, 2024. No termination notices will be accepted after March 1st, 2025.

Parent Name (Print)

Signature

OFFICE USE ONLY:

Fees:

Date Received:

Application _____

Activity/Ins. _____ / _____

May 2025 _____

Eligible Discounts _____

Payment _____
