



3900 King Street
 Alexandria, Virginia 22302
 (703) 671-3939 (p)
preschool@fairlingtonumc.org

KINDERGARTEN AT FAIRLINGTON APPLICATION/ENROLLMENT FORM

Application Fee: <input type="checkbox"/> (\$50.00)			
Supply Fee: <input type="checkbox"/> (\$300)			
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 (If PARENTS do not have custody):	
Home Address:	Home Phone:

How did you hear about our school?

Word of mouth <input type="checkbox"/>	From a friend <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Website <input type="checkbox"/>
Saw the banner <input type="checkbox"/>	Attend this church <input type="checkbox"/>	Preschool Fair <input type="checkbox"/>	Social Media <input type="checkbox"/>

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 <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Parents Deceased <input type="checkbox"/>
2. List all other persons in household besides parents and children (name and relationship):
3. Who stays with child if both parents work?
4. Describe your child's relationship with his/her siblings:

CHILD'S DEVELOPMENT

1. List any behavior or 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, hospitalizations or evaluations for developmental delays):
2. Does your child currently, or have in the past, received therapy or special education services? If so, please specify:
3. Does your child have any food allergies or food preferences? (e.g. vegetarian, vegan)
4. What expectations do you have for your child in Kindergarten?

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.

No, I do not give permission for my child _____ to be photographed.

Signed: _____ Date: _____

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.

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

**FINANCIAL AGREEMENT
KINDERGARTEN AT FAIRLINGTON**

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

A tuition deposit of \$875 plus the one-time supply fee of \$300 will be due by **April 1, 2022**. This deposit is non-refundable after June 1, 2022.

Annual Payment: Payment in full of \$7,718 in full is due on or before **September 1, 2022** (this option gives a 2% discount)

Monthly Payments: 9 equal payments of \$875 beginning September 1, 2022

By signing this Agreement, we/I are/am committing and agreeing to an enrollment period from September 6, 2022 to June 10, 2023 and agree to pay the full tuition, additional fees, charges, and costs set forth herein for the full enrollment period. We/I understand that registration deposits will be forfeited if a child is withdrawn before/during the enrollment period and we/I will be liable for the payment of all tuition, additional fees, charges, and costs set forth herein.

Parent Signature: _____

Parent Signature: _____