

FAIRLINGTON PRESCHOOL APPLICATION/ENROLLMENT FORM

3900 King Street
Alexandria, VA 22302
703-671-3939

Requested start date: _____

Application Fee _____ (\$100.00) **(New Applicants)**

Supply Fee _____ \$200 annual fee (for 3-day classes), \$250 (for 5-day classes), \$300 (for extended day classes)

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

Applicant's Information: All information must be complete and current.

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

Parent Information: All information MUST be complete and current.

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

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:

Which program are you applying for?

_____ 3 Day Half Day
Tuesday – Thursday
9 am – 12 pm
Only for 2 and 3 years

_____ 5 Day Half Day
9 am – 12 pm

_____ 5 Day Extended Day
9 am – 2 pm

Word of mouth _____ Advertisement/website _____ Saw the banner _____ Attend this church _____

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 the household besides parents and children (name and relationship):

3. Who stays with the child if both parents work? _____
4. Describe your child's relationship with his/her siblings:

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?

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?

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

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

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

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

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

8. 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,)

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
- 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?

Agreements

Initialing each of the following statements and/or questions is akin to signing and agreeing. The application will not be processed unless all statements and/or questions have been signed.

_____ **Proof of Identity Verification:** Virginia Department of Education requires that schools verify the identity of all children enrolled in our program. This is to assist with the identification of missing children and to verify the age of each student. Acceptable forms of identification include your child's birth certificate, passport, certified notification of birth from a hospital, physician or midwife, or adoption/foster placement agreements. Any document presented must be the ORIGINAL. It will be documented and returned to you immediately. Identity verification must occur before the first day of attendance.

_____ **Virginia School Entrance Form:** All students are required to submit a Virginia School Entrance Health Form that is signed and dated by a physician. Your child's physician must certify that your child is up to date on his or her immunizations or certify that your child is medically or religiously exempt from immunization requirements. If you are requesting an exemption, you must use the form for a religious exemption, and it must be notarized and attached to the health form. The health form must be submitted before the start of the school year. Also, an updated health form is required between your child's 4th and 6th birthdays.

_____ **Parent Handbook Acknowledgment:** I certify that I have received the Parent Handbook (available at fairlingtonpreschool.org). I understand and agree to abide by the policies and procedures laid out in the handbook. I also agree to any future revisions of the handbook.

_____ **School Directory:** I acknowledge that my child's name, my name, and my phone number will be listed in the school directory. The directory will be given exclusively to enrolled families.

_____ **Media Release and Photographs:** I acknowledge that my child's photograph may be taken via classroom iPads. The photograph may be used for bulletin boards, newsletters, or published on the private school platform. A child's photograph won't be used for marketing materials without specific written consent from families.

_____ **SMS (Texts) and Email Messaging:** I understand that Fairlington Preschool occasionally uses text messages and/or email to communicate with families. I understand that I accept any cost incurred as a result of these messages and it is my responsibility to opt out of either platform.

_____ **Pick-Up Authorization:** I understand that for any individual, other than the parents listed on the application, to have the approval to pick up my child they must be listed on the authorized pick-up list. They will also be required to bring a photo ID with them and be at least 16 years old.

_____ **Pick-Up Restrictions:** The individuals listed below are restricted from picking up my child,

If applicable, please attach legal documentation.

_____ **Custody Agreement:** If there is a custody agreement (or one is subsequently agreed to), I agree to provide a copy to the school.

_____ **Toileting Agreement:** I give permission to Fairlington Preschool to help my child change and clean themselves in the event of a toileting accident that requires assistance.

_____ **Inclement Weather Policy:** I understand that at times Fairlington Preschool must close due to weather-related issues or other emergencies. Fairlington exclusively follows Alexandria City Public Schools and does not deviate from their decisions.

Community Health Agreement

I understand that my child is joining a community. This community consists of other students, teachers, therapists, and families. Fairlington works hard to keep our community as healthy as possible, but it is not feasible to do that without the entire community's participation and support. Fairlington reserves the right to send home any child we feel is displaying symptoms of illness. Fairlington does not employ a licensed nurse but has individuals trained in identifying a sick child and this allows them to make educated decisions on if a child should be sent home.

_____ I agree to pick up my child within 30 minutes of notification that they are sick. If my child is not picked up within the agreed-upon amount of time, I understand Fairlington will have to contact the appropriate authorities. Emergency contacts will also be contacted before the authorities.

_____ I agree to notify the school within 24 hours if my child or any household member is diagnosed with a communicable disease. This includes if an individual in the household passes away due to a communicable disease.

_____ I understand that a school-wide notification will be sent informing the school community of the diagnosis. However, every precaution will be taken to protect anonymity.

_____ I agree to provide a doctor's note if required before my child can return to school.

_____ I agree to keep my child home for at least 24 hours from the time any symptoms disappear, or they are on antibiotics for at least 24 hours and are well enough to be at school.

Financial and Enrollment Agreements

I understand that for my child's application to be processed, all statements and/or questions must be agreed to.

_____ I understand tuition fees are annual and are split into 10 payments.

_____ I understand all deposits, fees, and tuition are non-refundable once paid.

_____ I understand all paperwork must be submitted to the office before my child can start school.

_____ I understand that this contract is automatically renewed each year when I re-enroll my child.

_____ I understand that my child is considered enrolled for the entire year, and if I want to withdraw, I must provide at least 30 days' WRITTEN notice to the office.

_____ I understand that under no circumstances are refunds issued.

_____ Fairlington reserves the right to dismiss a child without notice at the sole discretion of the Director.

_____ The administration will determine classroom placements in coordination with the teachers. Parents are always welcome to request teachers however we do not guarantee placement.

_____ I understand monthly tuition is due on the first day of every month September through May. A \$50 late fee will be charged if tuition payment is not received on or before the fifth day of the month. An additional \$50 late fee will be assessed after payment is 30 days late. This late fee applies to all required payments including monthly tuition, deposits, therapy fees, supply fees, etc. If more than two payments are late during the school year, the Board of Directors shall, at its discretion, require payment installments to be made one month in advance.

_____ Tuition rates may change at any time. 30 days written notice will be provided to parents.

_____ Upon notification of acceptance, a non-refundable supply fee is due as well as a first-month tuition deposit. Enrollment is not guaranteed until these fees are paid.

_____ I agree to provide the school with a copy of any IEP's, evaluations, observations, screenings, or other relevant assessments that my child has received. This includes anything completed prior to attending Fairlington or while attending Fairlington.

_____ I understand that Fairlington Preschool is an inclusion preschool. This means that students with special needs are served in the same classrooms as typically developing students.

_____ I understand that my child may be selected on occasion to spend a short period of time (30 minutes) as a peer model. A peer model is a student who has mastered a skill and can help a therapist model that skill to a peer. For example, they may be invited to play a board game with a child who is receiving services, to help practice their skills, like taking turns or communicating with peers. Teachers and/or therapists will never select a child to be a peer model if that child does not want to go with them. I also understand that my child will never be evaluated or given therapy without my written consent.

I have read this form and acknowledge that information I have provided is complete and correct. I will notify Fairlington Preschool promptly if any of the above information changes.

Signature of Parent or Guardian

Date

Tuition Rates/Fees 2023-24

Application Fee -	\$ 100.00
Supply Fee for 3-Day Half Day Classes	\$ 200.00
Supply Fee for 5-Day Half Day Classes	\$250.00
Supply Fee for 5-Day Extended Day Classes	\$300.00

OPEN REGISTRATION begins in January.

Please submit the 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 the last months tuition.

Both the tuition deposit and supply fee is non-refundable.

September tuition is due the first week of school.

<u>Program:</u>	<u>Total Tuition for the Year*</u>	<u>Monthly Payments**</u>
*3 Day – Half Day 9:00 am - 12:00 pm	\$5340	\$534
5 Day – Half Day 9:00 am - 12:00 pm	\$6710	\$671
5 Day- Extended Day 9:00 am - 2:00 pm	\$9630	\$963
*Only for 2 and 3-Year Olds	*If the total annual tuition is paid by September 1 st , 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.	