



# ST. CHRISTOPHER'S PRESCHOOL



6320 HANOVER AVENUE  
SPRINGFIELD, VA 22150  
(703) 451-1845, (fax) (703) 451-1089  
[preschool@saintchristophers.net](mailto:preschool@saintchristophers.net)

## 2018-2019 APPLICATION FOR ENROLLMENT

Student Name: \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Name Called

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ / \_\_\_\_\_  
Mother Father

Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Primary EMAIL: \_\_\_\_\_ Secondary EMAIL: \_\_\_\_\_

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

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's 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)

Sibling previously enrolled at St. Christopher's? Yes \_\_\_\_\_ No \_\_\_\_\_

Church Affiliation (Optional): \_\_\_\_\_

Information on your child:

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of other preschool, daycare facilities your child has attended: \_\_\_\_\_

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 5<sup>th</sup> 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 August 1<sup>st</sup>, 2018. No termination notices will be accepted after March 1<sup>st</sup>, 2019.

**Parent Name (Print)**

**Signature**

**OFFICE USE ONLY:**

**Fees:**

*Application* \_\_\_\_\_

*Activity/Ins.* \_\_\_\_\_/\_\_\_\_\_

*May 2019* \_\_\_\_\_

**Forms:**

*VA Health Form* \_\_\_\_\_

*Birth Certificate* \_\_\_\_\_

*Tuition Contract* \_\_\_\_\_