

7426 Idylwood Road, Falls Church, VA 22043 – (703) 573-0494 – splpreschool@aol.com

ENROLLMENT APPLICATION FORM 2023 -2024

CLASSES check one box			3 years ol	3 years old, 4 days, 9:30 – 1:30, (\$515.00) Ladybugs			
2 years-old, 3 days, 9:30 – 12:30, (\$300.00) Turtles			4 years ol	4 years old, 4 days, 9:30 – 1:30, (\$515.00) Toucans			
3 years-old, 3 days, 9:30 – 1:30, (\$415.00) Butterflies			4 years ol	4 years old, 5 days, 9:30 – 1:30, (585.00) Frogs			
Child First Name		Child Last Nam	10		Preferred Name		
Clina i ii st ivallie		Cilia Last Naii	ie		Treferred Wallie		
Date of Birth	Sex	Sex Child Primary a		nd Secondary Languages			
Address		City, State, Zip Code			Home Phone		
Previous Day Care or Preschool	ol Attended, Name and Add	dress					
		PARENTS	/GUARDIAN	S			
Parent 1 First Name		Parent 1 Last Name			Cell Phone		
Relationship to Child Employer's		Name and Address			Work Phone		
Parent 1 Email Address	1						
Parent 2 First Name		Parent 2 Last Na	me		Cell Phone		
Relationship to Child Employer's		Name and Address			Work Phone		
Parent 2 Email Address							
Siblings, Name and Age							
Ethnicity Languages Spoken		F	Religion Church Affiliation		tion		
	EMERGENY CON	ITACT AND	AUTHORIZE	E PERSON PICK	UP		
Emergency Contact: Name Relationship		р	Phone				
Authorized person to pick up my child Name Relations		Relationshi	р	Phone			
Authorized person to pick up my child Name Rela		Relationshi	ationship Phone				

<u>Medical Information and Release</u>: If parents cannot be reached in case of a medical emergency, we authorize the preschool permission to obtain immediate medical care.

Insurance Company Name	Phor	ne	
Allergies or Intolerance to Food or Medications		Does your child use an Epi-Pen?	
Is there any medical, developmental, or psychological information we should be aware of? If so, please indicate any professional help your child receives or has received.			

AGREEMENTS

- 1. We, the undersigned, have submitted the following:
 - A \$75.00 non-refundable Registration Fee (submitted at the time of/with the enrollment Application)
 - A non-refundable deposit (1 month's tuition) to be applied to tuition for the month of May 2024 (Due May 5)
 - A <u>non-refundable</u> Events Fee of \$75.00 due May 5th. We understand that the remaining 8 tuition payments are due by the 5th of each month beginning September 2023.

Parents pay fees through Brightwheel, or by cash, or check.

Parent Signature _____

- 2. We understand that to ensure placement, all fees/payments must be submitted by the due date.
- 3. <u>Withdrawal and Tuition Refunds</u>: A thirty (30) days written notice must be given to St. Paul's Lutheran Preschool before withdrawing a child. Written notification of withdrawal prior to the start of school must be received by AUGUST 1, 2023 in order to receive a refund of the prepaid May tuition. NO exceptions will be made to the policy.
- 4. Extended Leave Policy: If a child takes an extended leave from the Preschool Program, the family is still responsible for paying all tuition fees due during the child's period of absence. These fees must be paid to hold your child's position in the Preschool. For example: if your child is gone during the months of December and January, you must pay the December and January tuition in order for your child to return to school in February.

dandary tuttor in order for your child to return to school in rebruary.
5. We acknowledge and accept the Withdrawal, Refund and Extended Leave Policy stated here. Initials
6. <u>Permission of photography</u> : We give permission to use photos of students in the Preschool's newsletter, website, advertising materials, and the Preschool's social media (No names will be listed). Initials
7. I have read the online Parent Handbook. Initials
By signing below, I acknowledge that the above information is accurate, and I agree to abide by the policies of St Paul' Lutheran Preschool.

Date __

FOR OFFICE USE ONLY							
New Enrollment	SPLP Alumni	Class			Start Date		
Registration Fee	Date	Deposit \$		Date	(1 Month's Tuition Applied to May 2023		
Event Fee	Date	Health Form	Date	Birth Certificate	Date		