

ST. MATTHEW'S WEEKDAY SCHOOL
Application for Admission 2010-2011

8617 Little River Turnpike
 Annandale, VA 22003
 703-978-6242
 www.stmatthewswds.com

CHILD:

Name of Child _____

Prefers to be called _____ Sex M / F Current Age: _____

Date of Birth: ___/___/___ Age on 9/30/10: ___ years ___ mths

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____

Family Email Address: _____

This will be used for school/parent communication

MOTHER: Name: _____ Occupation: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

FATHER: Name: _____ Occupation: _____

Employer: _____ Work Phone: _____

Cell Phone: _____

Child lives with: Both parents _____ Mother only _____ Father only _____

Persons/Agency Having Legal Custody of Child _____

Address _____

Religious Affiliation: Christian _____ Other (please designate) _____ Attend St. Matthew's UMC: Y / N

Care Giver _____ Address _____ Phone _____

Other programs child attends/ed _____

Besides Parent(s) Others Living at Home: Siblings, Grandparents, Nanny, etc.

<u>NAME</u>	<u>AGE</u> (of Siblings)	<u>RELATIONSHIP</u>
[1] _____	_____	_____
[2] _____	_____	_____
[3] _____	_____	_____
[4] _____	_____	_____

<u>Class Preference (check one)</u>			<u>Monthly Fee</u>
M/W/ F & T/Th	9am-12pm 9am-1pm	4 yrs old	_____ \$375.00
(4 by 3/15/10 or Directors Approval)			
W/ F & T/Th	9am-12pm 9am-1pm	4 yrs old	_____ \$300.00
M/W/F	9am-12pm	3 yrs old	_____ \$275.00
T/Th	9am-1pm	3 yrs old	_____ \$275.00
All ages are by 30 Sept 2010 unless otherwise stated			

<u>Class Preference Toddlers</u>			<u>Monthly Fee</u>
<u>9:15am - 1pm (check one)</u>			
T/Th	24-36 months *		_____ \$275.00
W/F	24-36 months *		_____ \$275.00
Register for your preference of days. Classes will be determined according to the ages of the enrolled population. * 24 month age cut off is 31 Dec 2010			

For Office Use Only

<u>Date Enrolled</u>	_____
<u>Registration/Supply Fee \$150</u>	_____
<u>Tuition Deposit</u>	_____
<u>Kiss and Ride Number (Preschool only)</u>	_____
<u>Allergy Alert</u>	_____

EMERGENCY INFORMATION

Allergies or Intolerance to food, medication, etc. and action to take in an emergency: _____

"Food Allergy Action Plan" and "Medication Release Form" , available in WDS office, MUST be filled out by physician

Chronic Physical Problems and Pertinent Developmental Information: _____

IF CHILD RECEIVES SERVICES FROM CHILD FIND, PLEASE ATTACH A COPY OF THE IEP

Child's Physician _____ Phone _____

People to Contact If Parents Are Unavailable:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Person(s) **NOT** Authorized to Pick Up Child _____

(Appropriate legal paperwork MUST be attached if parent is NOT allowed to pick up child.)

REGISTRATION & PAYMENT

To register your child, complete this application form and return it with a check for \$150 Registration fee. If a child is on the waiting list, the registration fee will be required only when a space becomes available. **THESE FEES ARE NOT REFUNDABLE .**

One month's advance tuition is due May 1, 2010, or within 30 days of enrollment. The advanced tuition payment IS NON-REFUNDABLE but will be applied to the students last month tuition payment at the end of the school year. All other tuition fees will be due on the 1st of each month September through April. Late Fees will apply if tuition payments are received after the 10th of each month.

HEALTH FORMS for all children are required by the Fairfax County Health Department on a **yearly basis**. **These forms MUST be dated in 2010 and be on file BEFORE any child attends school. All children must be up to date on immunizations.**

PROOF OF IDENTITY AND AGE must be provided for each child enrolled in the Weekday School. Proof may include a certified copy of the child's birth certificate, birth registration card, passport, or school record from a public school in Virginia. Documentation should include the child's place of birth, birth date, birth certification number and date of certificate issuance, if available. If the person presenting the child for enrollment does not provide this information within seven business days of initial attendance, the WDS is required by law to notify the local law-enforcement agency. Inability to present the information within this time frame does not prohibit enrollment or attendance of the child. The program must, however, document that local law enforcement personnel were contacted. If documentation has previously been provided to either the Weekday School or the Children's Day Out, new documentation is not necessary.

EMERGENCY TREATMENTS AND AGREEMENTS [Please initial.]

1. ___ I understand that my \$150 registration fee is NON-REFUNDABLE
2. ___ I have read and understand the "Registration & Payment" section on this form (above).
3. ___ My child may be photographed during classroom activities. [Photos are for use within the WDS program.]
4. ___ Whenever my child becomes ill. I will make arrangements to have my child picked up immediately from school.
5. ___ List my child's name, address, and telephone number in a school directory to be shared with other Weekday School families.
6. ___ Although special care will be taken, St. Matthew's Weekday School personnel cannot be held responsible for accidents. The school has my permission, in an emergency, when I (or my physician) cannot be reached, to take my child to the emergency room or the nearest hospital. The hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well being of my child.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date