

**KNOLLWOOD COMMUNITY PRESCHOOL
2017-2018 APPLICATION FOR ENROLLMENT**

Date_____

Registration fee due with application - \$100.00 (check #_____)

✓ **Indicate program below (including # of days and age of child):**

___ Th-F/4 year olds	\$218	___ Th-F/3 year olds	\$218
___ M-T-W/4 year olds	\$312	___ M-T-W/3 year olds	\$312
___ Wpm-Th-F/4 year olds	\$312	___ 5day class /4 year olds	\$448

ENROLLMENT INFORMATION:

(first) (middle) (last)

CHILD'S NAME: _____

Preferred name: _____ Male ___ Female ___

Birth date: _____ Phone: _____
(Mo.) (day) (year)

Address: _____ Zip: _____

MOTHER'S NAME: _____ OCCUPATION: _____

Cell Phone: _____ Bus. Phone: _____ Employer: _____

Email address: _____

FATHER'S NAME: _____ OCCUPATION: _____

Cell Phone: _____ Bus. Phone: _____ Employer: _____

Is child adopted? _____ At what age? _____ Are parents separated? _____

Divorced? ___ Legal guardian (if other than parent): _____

Is child bi-lingual? _____ If so, indicate primary language spoken at home _____

Other people in household: (indicate relationship)

Name	Age	Name	Age
1. _____		3. _____	
2. _____		4. _____	

Previous and/or current school experience: _____

Child has IEP: Yes____. No____.

*Knollwood welcomes children with a variety of learning styles and developmental challenges. If your child is receiving special education services, either privately or through Fairfax County Public Schools, we **must** receive copies of therapy or IEP goals.*

Church Affiliation:

Mother: _____ (name of church)

Father: _____ (name of church)

I, the undersigned, do hereby make application to enroll my child in Knollwood Preschool for the school term beginning in September of 2017 and concluding in May of 2018. I understand the following to be true concerning the school's financial policies:

- 1) The preschool tuition is paid in nine equal payments. The prepaid tuition for May 2018 must be paid on or before June 1, 2017. This payment **will not be refunded unless my family moves outside of the Knollwood attendance area.**
- 2) The **second** payment will be due the first day of class for my child and is considered the September 2017 payment.
- 3) An **activity fee of \$75.00** is due **with the June payment.** This fee covers school bags, take-home learning papers, activities and speakers for the entire year.
- 4) When two or more children from a family are enrolled, there will be a 5% discount of the total tuition fee due.
- 4) If a child is withdrawn before the conclusion of the school year, the May payment is refundable **ONLY** if the school is given written notice of the withdrawal 30 days in advance and the withdrawal date is before March 1st. If a child is withdrawn after March 1st, the May 2018 tuition will not be refunded.

I agree to pay the required tuition fee in advance and understand that no reduction of fee will be made for holidays or absences, except in cases of extended illness wherein special consideration may be given.

A \$10.00 late fee will be charged for any child picked up after dismissal time. An additional \$10.00 charge will be assessed for each additional block of 10 minutes. Parents will be asked to sign an acknowledgment of late pick-up and the fee will be billed with the next month's tuition.

SIGNED: _____

(Parent or guardian)

**KNOLLWOOD PRESCHOOL
EMERGENCY INFORMATION**

CHILD'S NAME: _____ Phone: _____

ADDRESS: _____

FATHER'S NAME: _____ BUSINESS PHONE: _____

MOTHER'S NAME: _____ BUSINESS PHONE: _____

PERSON OTHER THAN PARENTS WHO MAY BE CONTACTED IN EMERGENCY. (It is imperative that this person is aware that their name appears on this form and that they are both willing and able to pick up your child in case of illness or emergency)

name phone

DOCTOR'S NAME: _____ Phone: _____

INSURANCE COMPANY: _____ Policy #: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO, PLEASE SPECIFY:

IS YOUR CHILD ON ANY MEDICATION? IF SO, PLEASE SPECIFY.

If your child is regularly in the care of a person other than yourself either before or after school, please provide the following information.

Name of childcare provider: _____

Phone: _____ Address: _____

Will this person be transporting your child to and from school on a regular basis? _____ Hours of normal care _____

Knollwood Preschool agrees to notify the parent/guardian whenever the above named child becomes ill. The parent/guardian agrees to pick up the child as soon as possible thereafter. The parent/guardian authorizes Knollwood Preschool to call the physician listed and, if unable to contact said physician, to make such arrangements and use such facilities as are necessary to meet the emergency. The parent/guardian agrees to pay all bills thus incurred and absolves Knollwood Preschool of any responsibility.

SIGNED: _____
Parent/Guardian