



Annandale United Methodist Church  
**Early Learning Program**  
 6935 Columbia Pike, Annandale, VA 22003  
 (703) 256-8667  
 elp@annandale-umc.org

FOR OFFICE USE ONLY

Date Rec'd \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Enroll Agreement \_\_\_\_\_  
 I.D. Verification \_\_\_\_\_  
 Child's Health Form \_\_\_\_\_  
 Perm for Emerg. Care \_\_\_\_\_  
 Allergy Care Plan \_\_\_\_\_  
 Dismissal Release \_\_\_\_\_  
 Handbook Agreement \_\_\_\_\_  
 Initial Info Form \_\_\_\_\_  
 Emerg. Info Card \_\_\_\_\_  
 Photo Release \_\_\_\_\_  
 Info Release \_\_\_\_\_

2019-20  
**APPLICATION FOR ADMISSION**

I am applying as:  AUMC Member  Current WPS/ELP/CDC  Alumnus Family or Current WPS/ELP Waitlist  First-time Registering  
 (Circle one)

Child's Name \_\_\_\_\_ Age on Sept. 30, 2019: \_\_\_\_\_  
LAST FIRST MIDDLE

Name Child goes by: \_\_\_\_\_  Boy  Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone# (\_\_\_\_) \_\_\_\_\_ Mom's Cell# (\_\_\_\_) \_\_\_\_\_ Dad's Cell# (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY ZIP CODE

Home E-mail: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Names of Parents, Guardians, and/or Agency Having Legal Custody of Child: \_\_\_\_\_

Child resides with:  Mother  Father  Both  Other: \_\_\_\_\_

Father: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
LAST FIRST OCCUPATION BUSINESS PHONE

Mother: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
LAST FIRST OCCUPATION BUSINESS PHONE

Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Someone local, other than Parents/Guardian LAST FIRST RELATION PHONE

Sibling Names: \_\_\_\_\_ Age \_\_\_\_\_ Attend(ed) AUMC WPS or ELP?  
 1. \_\_\_\_\_  Yes  No  
 2. \_\_\_\_\_  Yes  No

ALLERGY to food and/or materials?  No  Yes \*If so, what? \_\_\_\_\_  
\* NOTE: An Allergy Care Plan MUST be in place prior to your child's first day of class

How did you find out about us?  Sign on Columbia Pk.  Neighborhood Newsletter  Web Search/Facebook  Personal Referral  Other: \_\_\_\_\_

**ENROLLMENT PREFERENCES for 9:30AM-2:30PM classes** Circle any day or combination of days that apply.  
 Priority is given to those coordinating sibling schedules and those who are also enrolling for Late Day classes. Class placement is subject to change or cancellation based on enrollment.

1st choice:	TU	W	TH
2nd choice:	TU	W	TH
3rd choice:	TU	W	TH

Comments: \_\_\_\_\_

**Monthly Tuition**  
Due the first class day of each month

1-day classes \$246  
 2-day classes \$492  
 3-day classes \$738

Would you like to add an **INTERIM MORNING CLASSES** on TU, W, and/or TH from 9:00AM to 9:30AM?  
\*Ideal for parents with children in both WPS & ELP!

Which days? (Circle) **Tuesdays** **Wednesdays** **Thursdays**

**Monthly Tuition**

1-day classes \$34  
 2-day classes \$68  
 3-day classes \$102

Would you like to add **LATE DAY CLASSES** on TU, W, and/or TH from 2:30PM to 5:30PM?

Which days? (Circle) **Tuesdays** **Wednesdays** **Thursdays**

**Monthly Tuition**

1-day classes \$183  
 2-day classes \$366  
 3-day classes \$549

I understand that in order to register my child, I must complete this form, sign it, and attach the registration fee. I am aware that the **Registration Fee of \$150 per child is non-refundable** once my child receives placement in the program. An **\$80 Materials/Activity Fee** will be collected with the June Tuition Security Deposit.

I understand that one month's **Tuition Security Deposit** must be paid by May 30, 2019 [or within 30 days of enrollment if after May 30], to secure my child's placement in all classes, and that this will serve as my June 2020 tuition payment. I realize that failure to pay the advanced payment will be considered my child's withdrawal from the program. I am aware that written notification of withdrawal or decreasing the number of days enrolled in morning or afternoon classes **must** be received by **July 1, 2019** in order to receive a refund or credit of the tuition deposit. I have been notified that **after July 1 and throughout the school year, there is no refund or credit applied of the June 2020 tuition deposit or the Materials/Activity Fee.**

Signature of Parent or Guardian

Date