



Annandale United Methodist Church
Weekday Preschool
 6935 Columbia Pike, Annandale, VA 22003
 (703) 256-1100
 wps@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 First-time Registering
 (Circle one) or Current WPS/ELP Waitlist

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: _____

MORNING CLASS OPTIONS (based on child's age on September 30, per Fairfax County Public Schools)

Priority is given to those coordinating sibling schedules and those who are also enrolling for Extended Day and Late Day classes. Class placement is subject to change or cancellation based on enrollment.

3-year-old classes: TWTh* MTWTh MTW Th-F M-F
 4-year-old classes: TWTh* TWTh TWThF M-F

**These classes were created to coordinate with ELP sibling schedules and to accommodate families needing Extended Day or Late Day classes. Therefore, enrollment in these classes is required.*

Preferences: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

Comments/Concerns about independent toileting: _____

Monthly Tuition

Due the first class day of each month

2-day classes \$218
 3-day classes \$325
 4-day classes \$425
 5-day classes \$499

Would you like to add an **EXTENDED DAY CLASS** on TU, W, and/or TH from **12:00NOON to 2:30PM**?

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

Monthly Tuition

1-day classes \$114
 2-day classes \$228
 3-day classes \$342

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 \$127
 2-day classes \$254
 3-day classes \$381

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. A **\$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