ST. ANDREW'S EPISCOPAL PRESCHOOL

6509 SYDENSTRICKER ROAD ✝ BURKE, VA 22015

Registration Form 2020-2021

GENERAL INFORMATION

Child's Full Name: _____

Nickname: _____ Gender: ❑ F ❑ M Date of Birth: _____/_____/_____

Parent 1's Name: _____ Parent 2's Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Child lives with: _____

Parent 1

Employer: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent 2

Employer: _____ Work Phone: _____

Cell Phone: _____ Email: _____

ENROLLMENT

I wish to enroll my child in the follow class:

- ❑ Two-day (Thursday & Friday) -- $235.00/month
- ❑ Three-day (Monday, Tuesday & Wednesday) -- $320.00/month
- ❑ Four-day (Monday-Thursday) -- $395.00/month
- ❑ Five-day (Monday-Friday) -- $470.00/month

I understand that my child will be placed in an age-appropriate clas

My child is a:

- ❑ Returning Student
- ❑ Alumni/Sibling
- ❑ Parishioner
- ❑ New Student

(turn over)

MEDICAL

Child's Physician: _____ Phone: _____

Please list any medication your child takes regularly, any allergies, chronic medical conditions, or other special needs:

_____

_____

_____

_____

_____

If parents cannot be reached, in case of emergency or illness, please list other persons to be called in order of preference:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I, _____ (parent/guardian), submit this application to enroll my child, _____, at St. Andrew's Episcopal Preschool for the 2020-2021 school year. I understand and agree that, although special care will be taken, St. Andrew's Episcopal Preschool or its workers cannot be held responsible for accidents. In the event of an emergency, permission is hereby given for the child's physician to be called. If the physician cannot be reached, my child will be taken to the nearest hospital.

My registration fee is attached ($185.00 or $100.00 for Parish members). I understand that this fee will not be refunded unless there is NOT a place for my child.

_____ _____

(Signature) (Date)