ELP Enrollment Information 2015-2016

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Child's Full Name						(please circle)	M M
Name to be used in pres				Date of Birth:		Boy Girl	
(should answer to this n	ame)						
Child speaks English:	fluently	(please circle) a little	not at all	Language(s)	at home:		
Mailing Address: -							
-							
Mother's Name:			F	lome Phone:			
Address:			c	Cell Phone:			
Same as above			V	Vork Phone: —			
Employer:			e	-mail: -			
*Work addresses must be supplied per licensing requirements.							
Father's Name:			F	lome Phone: –			
Address:			C	Cell Phone:			
Same as above			V	Vork Phone:			
Employer:			e	-mail: -			
Other children in the f	amily or other	-					
	(plea	ase circle)					
Diagnosed Allergies:	Yes	No	Туре				
If yes, additional	paperwork from	physician is requir	ed. Please see	the office.			
Response Required:	None	Epi-Pen	Other				
Pertinent Develo Chronic Physical In							
(e.g., premature bid concerns, vision, A							
(please circle) Does child have an IEP?* Yes No If yes, please provide the office with a copy (*IEP - Individual Education Plan)							
Special accomm		should be aware of:					
Previous or current	child daycare or schools						

CHILD'S NAME:	AGE:		
The registration fee must be returned with Registration Form and Apprononthly payments. If accepted, a non-refundable deposit of one hold your child's spot in our program. For families that are new to 2015 and for currently enrolled families by May 2015. Your depote 2016 tuition. Tuition is then paid monthly beginning September 1 payment for the year will be April 1st for April. Tuition received after Tuition received after the 10 th will incur a \$80 total late fee. If your first able to hold the place for your child. As long as the child is enrolled, the Alth Form, Emergency Authorization Form, and proof of identity is the Commonwealth of Virginia and Fairfax County. Your child will not form should be updated should your child receive additional vaccines. responsible for any illness that the child named on the Registration For possible if the child becomes ill. It is also understood that parents will contagious illness as this is a Virginia State Licensing requirement. Wirfee and first tuition payment are nonrefundable. I hereby give my consecure and provide any medical or other attention that is necessary or expenses incurred on behalf of the above named child. EMMANUEL L. Co. of National Church Group Insurance Agency, Inc.; P.O. Box 4480; Le	e month's tuition and your classifier will be credited in our tuition paysifier the 6 th of the month will be companied by the william of the month will be companied by the william of the payment is not received by the william of the registrar (birth control to the able to begin school with lit is understood that EMMANUM may contract. The preschool on the preschool when any chout exception, if offered a play sent to EMMANUEL LUTHERAN urgent, and I further agree to UTHERAN PRESCHOOL is insured.	mild's activity fee must be receingment and activity fee is due by the cion accounts as your child (renst or October, and so on. Your fin deemed late and will incur a \$40 lies a 15 th including all late fees, we wire not the child is in attendance. The crificate or passport) are required out the completed forms. The Head JEL LUTHERAN PRESCHOOL will now will notify the parent as soon as member of the household is sick ace in the school the registration, I PRESCHOOL or anyone on its believe and member of the pay for any medical or any other	wed to March May al ate fee. ill not be ne d by ealth ot be with a activity half to
We agree to abide by all rules and guidelines set out in the ELP Parent trained for the 3- and 4-year-old classes. It is also agreed that if it is for program, or if tuition payments fall two (2) months in arrears, said chip PRESCHOOL does not discriminate on the basis of race, color, religion, enrollment in EMMANUEL LUTHERAN PRESCHOOL are subject to the	und that the child fails to coope ld will be withdrawn from ELP national or ethnic origin. It is a	erate satisfactorily with the school enrollment. EMMANUEL LUTHER	ol AN
Release of Information:		(Please circle)	
Permission to photograph my child during school activities	5	Yes	No
Permission to share photographs with class/school (include Facebook group)	ing our closed	Yes	No
Permission to share mailing address with other parents		Yes	No
Permission to share home (or cell when no home) number	with other parents	Yes	No
We understand our total financial commitment for the 2015-201	6 school year is:	(Please complete this section))
Monthly Tuition* \$	X9 months	\$	
	Registration Fee	\$	
*\$30 per month discount for each	One-Time Activity Fee	\$	
additional student Total Ye	arly Financial Commitment	\$	
→ Parent Signature		Date	
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	USE ONLY /erification		
(as required by VA Dept of S Proof of the child's identity and age may include a certified copy of the child's birth cert passport, copy of the placement agreement or other proof of the child's identity from a or his designee of a public school in the U.S. that a certified copy of the child's birth re- child's identity, documentation of viewing this information must be maintained for each	child placing agency, record from a pul cord was previously presented. While	olic school in Virginia, or certification by a	principal
Birth Certificate Number #	Child's Full Name		
Date of Birth	Boy Girl		
Place of Birth	Date Filed/ Issued:		