

Emmanuel Lutheran Preschool
2589 Chain Bridge Road
Vienna, VA 22181
(703) 938-6187
www.elcvienna.org/preschool
emmanuelpreschool@verizon.net

"Let the little children come to me" Luke 18:16

REGISTRATION INFORMATION

This 2012-2013 registration packet consists of this information sheet, a class and fee schedule, a registration application, the enrollment information form and an emergency contact and authorization form. **EVERY CHILD WISHING TO ENROLL MUST HAVE HIS/HER OWN REGISTRATION FORM.** If you need additional forms, you can download them on our website. All applications will be accepted in the office **before** Wednesday, January 25th at 12 Noon for the lottery the next day. All papers submitted after that time will be processed at the END of the lottery. Registration papers received after the lottery will be placed on a first come, first served basis.

The lottery will process Priority In-House registrations first then the General Public registrations. These groups are processed in this order:

1. Children of ELP Staff, church staff & active ELP Board members
2. Teacher placement recommendations
3. Currently enrolled children & their siblings (1 lottery number per family)
4. Children of members of Emmanuel Lutheran Church, not currently enrolled
5. Siblings or children of ELP alumni
6. General Public Registrations

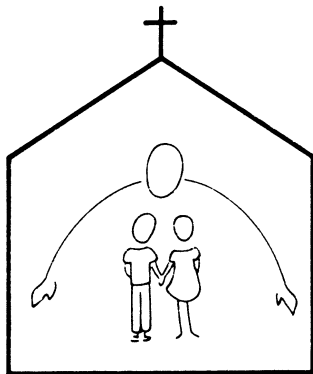
The Process

A registration fee paid by check only is \$80 for single applicants and \$70 for each additional child. Please complete a registration form for each child.

When forms are given to the office we will assign a tracking number and staple a card with that number to the form. Family applications of more than one child are assigned one number. All registrations received by 12 Noon Wednesday, January 25th will be sorted into groups according to the groups outlined above. A committee comprised of the Preschool Director, Program Director, and many of our ELP board members will conduct the lottery. Numbers from the first group will be placed in a basket and we'll randomly pick numbers to assign those children to classes. If the class is full, we will place the child on the wait list for the class. We fill classes based on number of applications received, boy/girl ratios, teacher recommendations, as well as the need to place siblings in school on the same days. **Every child currently enrolled in ELP and applying on time will receive placement in a class for the next year.** We do not confirm teachers in classes, just that your child has been enrolled. Staffing and class lists are finalized and published by mid-August.

Once group #1 is processed and placed in classes, we will follow the same procedure for each of the remaining groups as outlined above. We will send you a letter confirming your child's placement.

The registration fee is non-refundable and will only be returned if your child is not offered placement in Emmanuel Lutheran Preschool. If we cannot place your child in a class, we will place him/her on the wait list and return your registration check. Please call the Emmanuel Lutheran Preschool office at (703) 938-6187 or email us at emmanuelpreschool@verizon.net if you need any further information.



PARENT INFORMATION SHEET

EMMANUEL LUTHERAN PRESCHOOL
 2589 Chain Bridge Road
 Vienna, VA 22181
 (703) 938-6187
emmanuelpreschool@verizon.net

CLASS, TUITION, & FEE SCHEDULE 2012-2013

All Classes 9:00am-12:00Noon

REGISTRATION FEE: \$80 first child and \$70 each additional child

Age	Days	Class Size	Number of Days	One-Time Activity Fee	Monthly Tuition	Additional Information
2 ½	MT or ThF	11 children/ 3 teachers	2	\$40	\$175	Must be 2 ½ (30 mos) by Sept 30 th of current school year.
3	MTW or WThF	12 children/ 2 teachers	3	\$55	\$270	Must be 3 by Sept 30 th of current school year; must be toilet trained.
3	*Add a day MTW + Th Above & Beyond	12 children/ 2 teachers	4	\$55	\$360	Above & Beyond is an optional one-day enrichment class that is held on Thursdays in a different room and taught by a different teacher. Classes start in October, but additional tuition is spread across 9 payments.
4	TWThF	12-18 children/ 2 teachers	4	\$75	\$365	Must be 4 by September 30 th of current school year; must be toilet trained.
4	*Add a day M Super Science + TWThF	12-20 children/ 2 teachers	5	\$75	\$455	Super Science is an optional one-day enrichment class that will be held on Mondays in a different room and may be taught by a different teacher. Starts later in September, but tuition is spread across 9 payments.

Your registration fee must be submitted with your completed Application for Enrollment/ Registration Form and proof of identity (birth certificate or passport). Without exception, if offered a place in our school, the registration, activity fee, and first tuition payment are nonrefundable.

For families new to Emmanuel (*i.e.*, no child currently enrolled), the first tuition payment is due March 1, 2012. Returning preschool families will pay their activity fee and first tuition payment on May 1, 2012. Tuition received after the 5th of the month will incur a \$20 late fee. If payment is not received by the 15th of the month, we will not be able to hold a place for your child. Tuition should be mailed to the above address or may be delivered directly to the preschool office.

Emmanuel Lutheran Preschool
2012-2013 Tuition
9 Payments (paid one month in advance)

Payment #1 due March 1 st (new families)	One-time Registration \$80 (\$70 for second child)
Payment #1 due May 1 st (returning families)	One-time Activity Fee 2½s \$45
Payment #2 due Sept. 1 st	One-time Activity Fee 3s \$55
Payment #3 due Oct. 1 st	One-time Activity Fee 4s \$75
Payment #4 due Nov. 1 st	
Payment #5 due Dec. 1 st	2 day 2½s \$175
Payment #6 due Jan. 1 st	3 day 3s \$270
Payment #7 due Feb. 1 st	4 day 3s \$360
Payment #8 due Mar. 1 st	4 day 4s \$365
Payment #9 due April 1 st	5 day 4s \$455

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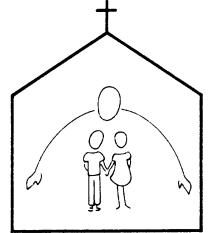
Office Use Only:

Date Received _____
Lottery Placement # _____
Registration: \$80 / \$70
Check # _____

ELP Registration Application 2012-2013

Parent Application Checklist:

- ☐ Registration Application
- ☐ Enrollment form- both sides with signature
- ☐ Emergency contact/ Authorization form including insurance information
- ☐ Proof of Identify (birth certificate or passport)
- ☐ Registration Fee (\$80 first child, \$70 second child)



Child's Full Name _____ (please circle)
Boy Girl

Date of Birth _____

Are parents _____ (please circle)
Church Employees? Yes No
Emmanuel Lutheran Church Members? Yes No

Is child currently enrolled? Yes No
If yes, which class? _____

Did any other children in the family attend this preschool now/in the past? Yes No

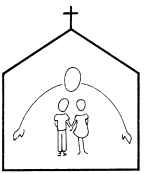
If yes, who/when/which class? _____

PLEASE INDICATE YOUR CLASS PREFERENCE (#1, #2):

Preference	Days	Age	
	MT	2 ½	Must turn 2 by 3/31/12
	ThF	2 ½	
	MTW	3	Must turn 3 by 9/30/12
	WThF	3	
	MTW + Th (Th = Above & Beyond)	3	
	TWThF	4	Must turn 4 by 9/30/12
	M + TWThF (M = Super Science)	4	

Note: If you do not receive a class placement in the lottery, your name will automatically be placed on the wait list.

ELP Enrollment Information 2012-2013



Child's Full Name _____

(please circle)

Boy Girl

Name to be called in class: _____

Date of Birth: _____

Child speaks English: _____
 (please circle) fluently a little not at all

Language(s) at home: _____

Mailing Address: _____

Please circle preferred/primary phone

Mother's Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

☐

Same as above

Work Phone: _____

Employer: _____

e-mail: _____

Father's Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

☐

Same as above

Work Phone: _____

Employer: _____

e-mail: _____

Other children in the family or other persons living
 in the household (names and ages): _____

Diagnosed Allergies: _____
 (please circle) Yes No Type _____

If yes, additional paperwork is required. Please see the office.

Response Required: _____
 None Epi-Pen Other

Pertinent Developmental/
 Chronic Physical Information _____
 (e.g., premature birth, health
 concerns, vision, ADHD, etc.)

Does child have an IEP? _____
 (please circle) Yes No If yes, please provide the office with a copy

Special accommodations we should be
 aware of: _____

Previous or current child daycare programs
 or schools attended: _____

If any information changes, please notify the office immediately

Please complete and sign other side*

CHILD'S NAME: _____

The registration fee must be returned with Registration Form and Application for Enrollment. Without exception, if offered a place in the school the registration, activity fee and first tuition payment are nonrefundable. The activity fee and first (September) tuition payment are due March 1, 2011 for families new to Emmanuel. For returning families (a child is current enrolled at ELP), the activity fee and first (September) tuition payment are due May 1, 2011. Tuition received after the 5th of that month will be deemed late and will incur a \$20 late fee. If your first payment is not received by the 15th, we will not be able to hold the place for your child. The next monthly tuition payment is due September 1. As long as the child is enrolled, tuition must be paid whether or not the child is in attendance. Tuition refunds for other months must be requested through the Emmanuel Lutheran Preschool Board at a regularly scheduled meeting. They may be granted only if the space is filled with no loss in revenue to the school. **The Health Form, Emergency Authorization Form, and proof of identity shown to the registrar (birth certificate or passport) are required by the Commonwealth of Virginia and Fairfax County.** Your child will not be able to begin school without the completed forms. The Health form should be updated should your child receive additional vaccines. It is understood that EMMANUEL LUTHERAN PRESCHOOL will not be responsible for any illness that the child named on the Registration Form may contract. The preschool will notify the parent as soon as possible if the child becomes ill. It is also understood that parents will notify the preschool when any member of the household is sick with a contagious illness as this is a Virginia State Licensing requirement.

I hereby give my consent to EMMANUEL LUTHERAN PRESCHOOL or anyone on its behalf to secure and provide any medical or other attention that is necessary or urgent, and I further agree to pay for any medical or any other expenses incurred on behalf of the above named child. EMMANUEL LUTHERAN PRESCHOOL is insured with Brotherhood Mutual Insurance Co. of National Church Group Insurance Agency, Inc.; P.O. Box 4480; Leesburg, VA 22075.

We agree to abide by all rules and guidelines set out in the ELP Parent Handbook. It is understood that each child must be toilet-trained for the 3- and 4-year-old classes. It is also agreed that if it is found that the child fails to cooperate satisfactorily with the school program, or if tuition payments fall two (2) months in arrears, said child's name will be withdrawn from ELP enrollment. EMMANUEL LUTHERAN PRESCHOOL does not discriminate on the basis of race, color, religion, national or ethnic origin. It is also agreed that all applications for enrollment in EMMANUEL LUTHERAN PRESCHOOL are subject to the approval of the ELP Board.

Release of Information:

(Please circle)

Permission to photograph my child during school activities	Yes	No
Permission to share photographs with class/school	Yes	No
Permission to share mailing address with other parents	Yes	No
Permission to share primary phone number with other parents	Yes	No

We understand our total financial commitment for the 2011-2012 school year is:

(Please complete this section)

Monthly Tuition	\$ _____	X9 months	\$ _____
		Registration Fee	\$ _____
		One-Time Activity Fee	\$ _____
		Total Yearly Financial Commitment	\$ _____

Parent Signature _____

Date _____

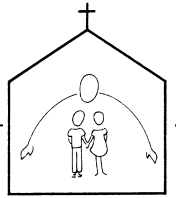
**OFFICE USE ONLY
Identity Verification**

(as required by VA Dept of Social Services, Div of Licensing)

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Birth Certificate Number #	_____	Child's Full Name	_____
Date of Birth	_____	Boy	Girl
Place of Birth	_____	Date Filed/ Issued:	_____

Emmanuel Lutheran Preschool 2012-2013
Emergency Contact/Emergency Pickup Information



Child's Full Name _____

TWO EMERGENCY CONTACTS WHO ARE AUTHORIZED TO PICK UP MY CHILD IN THE EVENT OF AN EMERGENCY AND/OR WHEN PARENTS CANNOT BE REACHED:

Emergency contacts must be in the immediate area and readily available. These two are NOT the child's parents.

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Other _____	Other _____

All Persons Authorized to Deliver/Pick-Up Children

Please provide the following information about the persons who will be transporting your child to and from the preschool. (**Include the names of child's parents/guardians.**) For your child's safety, he/she will be released **ONLY** to the persons listed on this form. Any other arrangements must be authorized by the parent/guardian *in writing*.*

Name	Relationship to Child	Phone Number	Alt. Phone #
<u>Parent:</u>			
<u>Parent:</u>			
<u>Other:</u>			

*In case of an emergency where you will have someone other than those persons listed above pick up your child, please call the preschool office at (703) 938-6187 for authorization.

By signing this form you are agreeing to pick up your child in a timely manner when notified by us that this is necessary.

Parent/Guardian Signature _____

Date _____

PLEASE FILL OUT THE BACK OF THIS FORM

**Fairfax Hospital Association
Authorization for Emergency Treatment**

I, _____, hereby authorize:
(parent or guardian)

Any physician, member of the Department of Emergency Medicine of Inova Fairfax Hospital, Reston Hospital
OR Fairfax Access and/ or any member of the Medical Staffs of the above mentioned hospitals requested by the
Department of Emergency Medicine Physicians, to render any medical treatment, which in his/her judgment may
be deemed necessary in the care of _____.
(child)

Child's Allergies _____

Child's Doctor _____ Phone # _____

Medicines child takes regularly _____

Last tetanus shot _____

Outstanding Medical History (Diabetes, heart disease etc.) _____

Insurance Information

Insurance Company _____

Identification/Policy # _____

Subscriber's name _____

Place of Employment _____

Subscriber's telephone # _____