**Walker Chapel Preschool**

4102 North Glebe Road

Arlington, Virginia 22207

wcpreschool@comcast.net

703 538-2170

Registration for Walker Chapel Preschool for Fall 2020 is now open. Due to the large number of returning families and their younger siblings we expect to have extremely limited space available.

Please fill out the enclosed application and send it with the nonrefundable $40.00 application fee to Walker Chapel Preschool at the address listed above. The deadline to return applications to us is January 22, 2020. You will hear from us regarding your acceptance or waitlist status by February 14, 2020. **Please do not contact us before this date.** We accept children in the following order:

-Current students

-Their siblings

-Members of Walker Chapel UMC

-2019 wait list

-Current applications

We keep separate waitlists for girls and boys as we do try to keep the ratio as even as possible.

For the school year starting in September 2020 we will offer the following programs. Tuition costs are monthly. An additional $45.00 enrollment fee will be collected upon acceptance into the program.

-Two Year old program $420.00

-Three Year old program $460.00

Please note that all Three Year olds need to be toilet trained

-Four Year old program $985.00

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Application Form

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Fee: $40.00

Please check the class for which your child is applying/wait list:

\_\_\_\_2 year old: Tues /Thur \_\_\_\_3 year old: Mon/Wed/Fri \_\_\_\_4 year old: Mon to Fri

Child’s First and Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Sex\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Nanny? If yes, Name and Contact Info\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special custodial arrangements?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies your child has, including foods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any physical or developmental special needs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child under a specialist care for any reason? Please explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency, person to be notified (other than parent) and who, if necessary, could pick up your child

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions. If you answer “no” to any, please enclose a separate page to outline your wishes.

My child may be treated for minor scrapes and cuts. Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

In an emergency, if you are unable to contact anyone at my home, work, the emergency numbers I have provided, or my child’s physician, I give you permission to use the Rescue Squad to transport my child to the Virginia Hospital Center-Arlington.

Yes\_\_\_\_\_\_\_ No\_\_\_\_\_

Physician Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Carrier\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of Walker Chapel UMC? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_