



8285 Glen Eagles Lane
Fairfax Station, VA 22039

703.690.3401, FAX 703.690.7083
Preschool Office 703.690.7434

Application for Admission

School Year 2012-2013

Student's Full Name _____ son _____ daughter _____

Name to be called at school _____ (also used for cubby labels, check-in tags, etc.)

Birthday _____ Age by September 30, 2012 _____ yrs. _____ mos.
(month) (day) (year)

2 YEAR OLD CLASSES

_____ **2 Day AM Class (9:00-12:00)**

Tuesday and Thursday

_____ **2 Day AM Class (9:00-12:00)**

Wednesday and Friday

_____ **Combo Class AM (9:00-12:00)***

Tuesday and Thursday

4 YEAR OLD CLASSES

_____ **3 Day AM Class (9:00-12:00)**

Monday, Wednesday, Friday

_____ **4 Day PM Class (12:30-3:30)**

Tuesday through Friday

_____ **5 Day AM Class (9:00-12:00)**

Monday through Friday

3 YEAR OLD CLASSES

_____ **Combo Class AM (9:00-12:00)***

Tuesday and Thursday

_____ **2 Day AM Class (9:00-12:00)**

Tuesday and Thursday

_____ **3 Day AM Class (9:00-12:00)**

Monday, Wednesday, Friday

_____ **3 Day PM Class (12:30-3:30)**

Tuesday, Wednesday, Thursday

TRANSITION CLASSES

_____ **5 Day AM Transition Class (9:00-12:00)**

Monday through Friday 4 by 3/31/12**

_____ **5 Day PM Transition (12:30-3:30)**

Monday through Friday 4 by 3/31/12 **

Students must meet the appropriate age requirement as of September 30, 2012, with the exception of the Transition classes ().**

*The Combo Class will be comprised of 6 older 2s (bday = 10/1/09-12/31/09) and 6 younger 3s (bday = 7/1/09-9/31/09)

Mother or Guardian _____ email _____

Employer _____ Occupation _____ Work Phone _____

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Pager _____

Father or Guardian _____ email _____

Employer _____ Occupation _____ Work Phone _____

Home Address (if different from above) _____

_____ Zip Code _____

Home Phone _____ Cell Phone _____ Pager _____

Has your child attended school before? _____ School Name _____

Is your child currently receiving developmental services? Yes _____ No _____

If YES, what type of services: _____

Will your child be concurrently enrolled in another preschool program or school? Yes _____ No _____

If YES, where and what grade or age level: _____

Other children in family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name of church your family is currently attending _____

Allergies or special concerns _____

I give my permission to include parents' and child's name, address and phone number in the school directory. Directories will only be given to Greentree families for the purpose of arranging play dates, carpooling, and party invitations, not for soliciting purposes.

Yes, we want to be included in the directory _____

If YES, please check below, to specify extent of inclusion.

Name, address, & phone number _____ Name and address only _____ Name only _____

Please include my family email in the directory: YES _____ NO _____

No, please do not include us in the directory _____

I give permission for my child's picture to be taken for display on the walls of Greentree Preschool.

Yes _____ No _____

I understand that upon receipt of a non-refundable registration fee of \$100.00, my child is enrolled. I understand that I am to pay the annual tuition in nine equal monthly installments with the first payment due June 1, 2012, which will be billed. The remaining eight payments are due the first day of each month beginning in September.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Registration Fee: Amount Paid _____ Check No. _____ Cash _____

PROOF OF IDENTIFICATION: Document Seen _____
(new students only)

Document No. _____ Issue Date _____ Initials _____

Start Date _____ Withdrawal Date _____