

Is your child currently receiving developmental services? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, what type of services: \_\_\_\_\_

Other children in family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name of church your family is currently attending \_\_\_\_\_

Allergies(\*\*) or special concerns:

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

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**\*\***(Greentree Christian School Medical Authorization form will be required for administration of medication or to have an epi-pen on site)

I give my permission to include parents' and child's name, address and phone number on the after school directory page. 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 fill out the directory form.

*You will be able to choose what information you would like included, names, addresses, phone numbers, email addresses, etc.*

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 School and Extended Care Programs.

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

**I understand that upon receipt of a non-refundable registration fee of \$100.00, my child is enrolled in the Extended Care Program. I understand that I am to pay the annual tuition in nine equal monthly installments with the first payment due June 1, 2018, which will be billed. The remaining eight payments are due the first day of each month beginning in September.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**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 \_\_\_\_\_



# Greentree Extended Care Program (K-6<sup>th</sup>)

7600 Ox Road  
Fairfax Station, VA 22039  
703.425.3580, FAX 703.425.2985  
School Office 703.425.3715

Application for the 2018-2019 School Year

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, 2018 \_\_\_\_ yrs. \_\_\_\_ mos.  
(month) (day) (year)

School your child attends during the school day: \_\_\_\_\_

Grade (for the 2018-2019 School Year): \_\_\_\_\_

Mother or Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

email \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father or Guardian \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

email \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Before Care: _____	Specification of days needed: _____
After Care: _____	Specification of days needed: _____
Before and After Care: _____	Specification of days needed: _____