

## Application for Admission School Year 2019-2020

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

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, 2019 yrs mos.
(month) (day) (year)	
TODDLER CLASSES **   2 Day AM Class (9:00-1:00)    Monday and Wednesday   2 Day AM Class (9:00-1:00)    Tuesday and Thursday    2 YEAR OLD CLASSES   2 Day AM Class (9:00-1:00)    Monday and Wednesday   2 Day AM Class (9:00-1:00)    Monday and Wednesday   2 Day AM Class (9:00-1:00) (2 available)    Tuesday and Thursday    SPECIALITY CLASS   5 Day Transition Class (9:00-1:00)    Monday through Friday **4 by 3/31/19	3 YEAR OLD CLASSES   2 Day Class (9:00-1:00) *    Tuesday and Thursday   3 Day Class (9:00-1:00) *    Monday, Wednesday, Friday   5 Day Class (9:00-1:00)    Monday through Friday    4 YEAR OLD CLASSES   2 Day Class (9:00-1:00)    Tuesday and Thursday   3 Day Class (9:00-1:00)    Tuesday and Thursday   3 Day Class (9:00-1:00) *    Monday, Wednesday, Friday   3 Day Class (9:00-1:00) *    Monday, Wednesday, Friday   3 Day Class (9:00-1:00) *    Monday, Wednesday, Friday   3 Day Class (9:00-1:00)    Monday through Friday
T/TH (3s) classes and 2 MWF (4s) classes.	exception of the Transition and toddler classes. **
Mother or Guardian	email
EmployerOccupatio	n Work Phone
Home Address	Zip Code
Home Phone Ce	ell Phone
Father or Guardian	email
Employer Occupatio	n Work Phone
Home Address (if different from above)	
	Zip Code
Home Phone Co	ell Phone

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 presc	hool 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 my child's name and a primary email address in our school email directory. Email 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 email directory			
If YES, please provide the primary email you would like included in the email directory.			
No, please do not include us in the email 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, 2019, which will be billed. The remaining eight payments are due the first day of each month beginning in September.			
Parent/Guardian Signature		_ Date	
	e Use Only	Orach	
Registration Fee: Amount Paid			
PROOF OF IDENTIFICATION: Document Seen (new students only)			
Document No	Issue Date	Initials	
Start Date	_Withdrawal Date		