

HERNDON



Check One:

- Current Student _____
- Sibling of a current student _____
- Sibling of an alumni student _____
- Church Member _____
- New _____

Current Class Name: _____

**701 Bennett Street
Herndon, VA 20170
703-435-5688**

2010-2011 APPLICATION

Registration Fee: \$60.00 (\$20.00 for each additional child)

CHILD'S NAME: _____
Last First

NAME TO BE USED AT PRESCHOOL, IF DIFFERENT FROM FIRST NAME _____

CHILD'S BIRTHDATE: _____ SEX: _____

INDICATE SESSIONS PREFERRED, IN ORDER OF PRIORITY: (1st, 2nd, 3rd)

Options for 4 and 5 year olds* (birthdates prior to 9/30/06):

M-F am _____ Tu-F am _____ MWF am _____

Options for 3 year olds* (birthdates between 10/01/06 thru 9/30/07):

MWF am _____ TuTh am _____

Option for 2 1/2 year olds* (birthdates between 10/1/07 thru 3/31/08):

TuTh am _____

***All children must be potty-trained.**

PARENT'S INFORMATION:

Please complete every question. If something is not applicable, please write "N/A" in the space provided.

MOTHER

FATHER

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

ADDRESS: _____

CITY, ST., ZIP: _____

EMPLOYER: _____

WORK PHONE: _____

EMAIL ADDRESS for Parent/School Communications: _____

PHONE NUMBER TO BE USED IN THE PRESCHOOL DIRECTORY _____

Does the child live with both parents? _____ If not, to which address should school forms be mailed? _____

If your child is in the care of someone other than a parent during the day, please complete:

Caregiver's Name: _____ Phone Number(s): _____

(over)

Other members of your household:

Name	Age (if a minor)	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

What language(s) are spoken at home? _____ Please check if translation assistance is needed _____

Child's previous school or day care experience: _____

Does your child have any allergies? YES _____ NO _____

If YES, please list his/her specific allergies: _____

Medications taken to treat allergic reactions: _____

Please add any comments that may help us understand your child's special needs: _____

Names of all other people who are authorized to pick up your child: _____

How did you learn about the Herndon Preschool? _____

Would you like to receive the Herndon United Methodist Church newsletter? No ___ Yes ___ (email ___ paper ___)

By signing below I give permission for my child to participate in the Herndon United Methodist Church Preschool program. I understand that the first tuition installment is due on May 1, 2010 in order to hold my child's place in the program. This payment will be applied as the final tuition payment for the 2010-2011 school year. If HUMC Preschool does not receive this payment by May 1, 2010, I understand that my child's place in the program will be forfeited. This payment is refundable if HUMC Preschool receives written notice of my intent to withdraw my child from the program by July 1, 2010. The remaining eight installments are due and payable on the first of each month beginning September 1, 2010 with the last installment due April 1, 2011.

Parent Signature

Date of Application

***The \$60.00 (\$20.00 for each additional sibling) application fee must be attached in order for your application to be processed. The application fee is not refundable once a class placement has been made. Please make checks payable to HUMC Preschool.**

Fax: 703-435-3863

Email: preschool@herndonumc.org

website: www.herndonumc.org