



Annandale United Methodist Church  
**Weekday Preschool**  
 6935 Columbia Pike, Annandale, VA 22003  
 (703) 256-1100  
 wps@annandale-umc.org

FOR OFFICE USE ONLY

Date Rec'd \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Enroll Agreement \_\_\_\_\_  
 I.D. Verification \_\_\_\_\_  
 Child's Health Form \_\_\_\_\_  
 Perm for Emerg. Care \_\_\_\_\_  
 Allergy Care Plan \_\_\_\_\_  
 Dismissal Release \_\_\_\_\_  
 Handbook Agreement \_\_\_\_\_  
 Initial Info Form \_\_\_\_\_  
 Emerg. Info Card \_\_\_\_\_  
 Photo Release \_\_\_\_\_  
 Info Release \_\_\_\_\_

2015-16  
**APPLICATION FOR ADMISSION**

I am applying as: AUMC Member    Current WPS/ELP/CDC    Alumnus Family    First-time Registering  
 (Circle one) or Current WPS/ELP Waitlist

Child's Name \_\_\_\_\_ Age on Sept. 30, 2015: \_\_\_\_\_  
 LAST FIRST MIDDLE  
 Name Child goes by: \_\_\_\_\_  Boy  Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Phone# (\_\_\_\_) \_\_\_\_\_ Mom's Cell# (\_\_\_\_) \_\_\_\_\_ Dad's Cell# (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
 STREET CITY ZIP CODE  
 Home E-mail: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

PARENTS or GUARDIANS: Child resides with:  Mother  Father  Both  Other: \_\_\_\_\_

Father: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 LAST FIRST OCCUPATION BUSINESS PHONE

Mother: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 LAST FIRST OCCUPATION BUSINESS PHONE

Emergency Contact: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Someone local, other than Parents/Guardian LAST FIRST RELATION PHONE

SIBLING NAMES: Age Attend(ed) AUMC WPS or ELP?  
 1. \_\_\_\_\_  Yes  No  
 2. \_\_\_\_\_  Yes  No

ALLERGY to food and/or materials?  No  Yes \*If so, what? \_\_\_\_\_

\*Please ensure that you complete and turn in an Allergy Care Plan

How did you find out about us? \_\_\_\_\_

**MORNING CLASS OPTIONS** (based on child's age on September 30, per Fairfax County Public Schools)  
 Priority is given to those coordinating sibling schedules and those who are also enrolling for Extended Day and Late Day classes.  
 Class placement is subject to change or cancellation based on enrollment.

3-year-old classes:	MTW	ThF	TWTh*	MTWTh
4-year-old classes:	MTW	TWThF	M-F	

Preferences: 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**Monthly Tuition**  
*Due the first class day of each month*

2-day classes \$196  
 3-day classes \$295  
 4-day classes \$393  
 5-day classes \$490

Would you like to add **EARLY MORNING CLASSES** on TU, W, and/or TH from **8:00AM to 9:00AM**?

Which days? (Circle) **Tuesdays** **Wednesdays** **Thursdays**

**Monthly Tuition**

1-day classes \$45  
 2-day classes \$90  
 3-day classes \$135

Would you like to add an **EXTENDED DAY CLASS** on TU, W, and/or TH from **12:00NOON to 2:30PM**?

Which days? (Circle) **Tuesdays** **Wednesdays** **Thursdays**

**Monthly Tuition**

1-day classes \$103  
 2-day classes \$206  
 3-day classes \$309

Would you like to add **LATE DAY CLASSES** on TU, W, and/or TH from **2:30PM to 5:30PM**?

Which days? (Circle) **Tuesdays** **Wednesdays** **Thursdays**

**Monthly Tuition**

1-day classes \$124  
 2-day classes \$248  
 3-day classes \$372

I understand that in order to register my child, I must complete this form, sign it, and attach the registration fee. I am aware that the **Registration Fee of \$125** per family is **non-refundable** once my child receives placement in the program.

I understand that one month's **Tuition Security Deposit** must be paid by April 30, 2015 to secure my child's placement in all classes, and that this will serve as my June 2016 tuition payment. I realize that failure to pay the advanced payment will be considered my child's withdrawal from the program. I am aware that written notification of withdrawal or decreasing the number of days enrolled in morning or afternoon classes **must** be received by **July 1, 2015** in order to receive a refund of the tuition deposit. I have been notified that **after July 1, there is no refund or credit of the June 2016 tuition deposit.**

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date