



**Desired Program and Tuition Fees (please select one of the following):**

- Two Day Twos/Threes (should be 3 years old by 02/28/13)  
Meets: Thursday and Friday  
Monthly Tuition: \$180  
Maximum: 10 students
- Three Day Threes (should be 3 years old by 09/30/12)  
Meets: Monday, Tuesday, and Wednesday  
Monthly Tuition: \$240  
Maximum: 10 students
- Three Day Young Fours (should be 4 years old by 2/28/13)  
Meets: Wednesday, Thursday, and Friday  
Monthly Tuition: \$250  
Maximum: 12 students
- Four Day Fours (should be 4 years old 9/30/12)  
Meets: Tuesday, Wednesday, Thursday, and Friday  
Monthly Tuition: \$300  
Maximum: 12 students
- Pre-Kindergarten (should be 5 years old 02/28/13)  
Meets: Monday, Tuesday, Wednesday, Thursday, and Friday  
Monthly Tuition: \$330  
Maximum: 12 students  
*\*Children in Pre-K may not be older than 5 years 6 months old by 09/01/12*
- I would like to request the buy out option **\*\*Only one per class. This does not guarantee availability.\*\***

Teacher preference? \_\_\_\_\_

- I would like to donate towards the FPP scholarship fund  
 \$20       \$35       \$50       Other: \$ \_\_\_\_\_

**The preschool scholarship fund helps keep Fairfax Presbyterian Preschool's program available and affordable to all families, regardless of income. These funds are used exclusively for supplementing tuition for those families wishing to join FPP but who are in financial need or struggle with the full cost of preschool tuition. Some children receive full scholarship; others receive partial scholarship, depending on the family's documented financial need.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

# Child Information Sheet



We would appreciate knowing about your child and family so our teachers can plan curriculum and circle time with your child's unique circumstances and needs in mind.

Child's Name (include preferred name) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies (outdoor/indoor/foods) \_\_\_\_\_

Does your child have an Epi Pen? \_\_\_\_\_ Yes \_\_\_\_\_ No **\*\*If yes, you must fill out a Medication Authorization form.**

Food restrictions \_\_\_\_\_

## FAMILY LIFE

Adults who live in the home \_\_\_\_\_

Other Children in Family:

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Pets \_\_\_\_\_

Race: \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_

Religion: \_\_\_\_\_ Special holidays/traditions \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Does your child have a comfort/security item? \_\_\_\_\_

Opportunities to play with other children? \_\_\_\_\_

Favorite activities \_\_\_\_\_

Do you wish to provide teachers with any information that will help them to understand your child's home situation more clearly?

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**HOME/SCHOOL**

Is there any learning/behavioral difficulty that you, as a parent, think your child may be exhibiting?  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please check if you wish to meet with school staff to discuss any particular health/behavioral issues.

Is your child receiving any special services from County agencies or from a private source?  
If yes, please explain \_\_\_\_\_

\_\_\_\_\_

What are his/her feelings about attending preschool? \_\_\_\_\_

Is there any other information that you feel would help us better serve your child's needs?  
\_\_\_\_\_

**CHILDCARE HISTORY**

My child did\_\_\_\_ did not\_\_\_\_\_ attend preschool, Mother's Day Out, etc. last year.

Name of previous school/program and years attended \_\_\_\_\_

Has your child ever been with a caregiver during the day? \_\_\_\_\_

If your child is currently with a caregiver, please indicate name, relationship, inside/outside your home and number of hours \_\_\_\_\_

**PARENTAL INVOLVEMENT**

In addition to your duties as a Parent Helper, we welcome parents' participation in our classrooms! If you have any special skills or talents, if you work in a "community helper" profession (i.e., medicine, police, dentistry, art, plumbing, electrical, vet, work with specialized vehicles, etc.), if you like to read stories to children, build, cook, and/or have outdoor skills, please let us know if you are willing to share your skills/talents/vehicles with a classroom. You aren't limited to the above suggestions!

\_\_\_\_\_

\_\_\_\_\_

## Authorization for Emergency Treatment

In case of a medical emergency, the Fairfax Presbyterian Preschool has my permission to take my child to the emergency room of the nearest hospital and to provide the following health information as needed. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Dr.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_

Outstanding medical history (include **allergies** and medications child is taking): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_

Identification / Policy No: \_\_\_\_\_

Policy holder's Employer: \_\_\_\_\_

Policy holder's Name: \_\_\_\_\_

Policy holder's telephone No: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**The following emergency contacts have permission to access my child's records and pick up my child.**

Name: _____	Phone: _____	Cell: _____
Address: _____		
Name: _____	Phone: _____	Cell: _____
Address: _____		

The preschool has my permission to list my child's name and our family's name, address, and telephone number in a directory which will be distributed to Preschool families. Yes No

The preschool has my permission to post pictures taken of my child within the school and on the web site. Yes No

Preschool families are invited to participate in all church activities. Would your family like to receive the church newsletter and other mailings? Yes No

All information provided on this form must be kept current throughout the school year and will be kept confidential.

(Must be completed by preschool staff)

**Proof of Identity:**

Document: Passport Birth Certificate Issued By: \_\_\_\_\_

File #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Registration fee paid:	Check No. _____	Cash _____
Last month's tuition paid:	Check No. _____	Cash _____