



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

OFFICE USE ONLY
 Date Rec'd _____
 3 YR _____ 4 YR _____
 Teacher _____
 Reg. Ck# _____ Date _____
 May Ck# _____ Date _____
 Enroll Agreement _____
 I.D. Verification _____
 Child's Health Form _____
 Perm for Em Care _____
 Release Form _____
 Hndbk Agreement _____
 Initial Info Form _____
 Emerg. Info Card _____
 Contact Release Form _____

2011-2012
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 _____

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 Email: _____ Work Email: _____

PARENTS OR GUARDIANS: Child resides with ()Mother ()Father ()Both ()Other

Father: _____ (____)
 LAST FIRST OCCUPATION BUSINESS PHONE

Mother: _____ (____)
 LAST FIRST OCCUPATION BUSINESS PHONE

Additional Emergency Contact: _____ (____)
 LAST FIRST RELATION PHONE

SIBLING Names: _____ **Age** _____ **Attend(ed) AUMC WPS or ELP?**

1. _____ () Yes () No

2. _____ () Yes () No

CLASS OPTIONS (Age on September 30, 2011) Class offerings subject to change based on enrollment.

3 yr. old classes: MT TWTh* WThF MTWTh

4 yr. old classes: MTW TWThF M-F

*Priority given to ELP siblings or Extended Day applicants.

PREFERENCES: 1. _____ 2. _____ 3. _____

Comments: _____

ALLERGY to food and/or materials? ()No ()Yes If so, what? _____

How did you find out about us? _____

 (Detach and keep this part)

Registration Fee (non-refundable): \$125.00 per family. To register a child, complete the above form and attach the registration fee. Make check payable to **Weekday Preschool**. Please include child's name on the check.

One Month's Advanced Payment must be paid by April 30, 2011 to hold your place. (This is your May, 2012 payment.) Failure to pay the advanced payment by April 30 (or within 30 days of enrolling if after April 1) will be considered your withdrawal from the program. A written notification of withdrawal prior to the start of school **must** be received by **August 1, 2011** to receive a refund of the advanced payment. **After August 1, there is no refund of the May advanced payment.**

Monthly Tuition: Due the first class day each month.

2 day program	\$ 193.00
3 day program	\$ 290.00
4 day program	\$ 387.00
5 day program	\$ 472.00

**A COMPLETED HEALTH FORM AND ALL OTHER REQUIRED FORMS
 MUST BE ON FILE BY AUGUST 1st.**

