



APPLICATION FOR ENROLLMENT
School Year 2019-2020

Student's Last Name _____

2501 Gallows Road
Dunn Loring, VA 22027
703.953.4599
preschool@thevineva.org

Please note, for a student to be considered for enrollment in Vine Preschool, a \$100 non-refundable application fee must accompany this application. Cash or check (made out to Vine Preschool) payments will be accepted.

Office Use Only

PAYMENT ENCLOSED: Amount Paid _____ Date _____ Cash Check (number) _____

Memo _____ Start Date _____ Withdrawal Date _____

PROOF OF IDENTIFICATION: Document Seen _____

Document Number _____ Issue Date _____ Initials _____

To Be Completed by Parent or Guardian

Student's Full Name _____
(first name) (middle name) (last name)

Preferred Name to be called at school _____

Birthday _____ Gender (please select) daughter son
(month) (day) (year)

Address _____

City, State, Zip _____ Phone Number _____

Primary Language(s) spoken in the home _____

CLASS REQUESTED:

2 ½ Year Old Class (Tuesday and Thursday, 9:30AM-12:30PM)
→ birthday April 1, 2017 or earlier / minimum age of 30 months by September 30 (for September start)

3 Year Old Class (Monday, Wednesday, and Friday, 9:30AM-12:30PM)
→ birthday September 30, 2016 or earlier / age 3 years by Sep 30, 2019

4 Year Old Class (Monday, Tuesday, Wednesday, Thursday, and Friday, 9:30AM-12:30PM)
→ birthday September 30, 2015 or earlier / age 4 years by Sep 30, 2019

PLEASE NOTE:

- Students new to Vine Preschool **must** present a birth certificate or passport at time of registration
- All students must submit a completed Virginia School Entrance form (for each school year student attends)

Parent or Guardian Initials _____

Who is the primary point of contact to receive emergency notifications from our preschool? (please select one)

Father Mother Other (name and relationship) _____

Father (or guardian) information

Mother (or guardian) information

Full name _____

Full name _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Address (if not child's) _____

Address (if not child's) _____

Other children in family: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name of church / place of worship your family is currently attending _____

How did you hear about Vine Preschool? _____

I give permission to include the following information in the school directory- Name, Address, Email Address, Home Phone, Parent Cell Numbers. Directories will only be given to Vine Preschool families for the purpose of arranging play dates, carpooling, and party invitations – not for soliciting purposes.

Please list any information that you would like excluded from the school directory _____

I give Vine Preschool permission to photograph/video my child during classroom activities for educational and promotional purposes.

Vine Preschool regularly shares photos of classroom time and activities among families of currently enrolled students through e-mail and/or private forums. Vine Preschool will not post or publish any photos on a public forum that reveal a child's identity through their name or by showing their full face. Vine Preschool does not control the use and/or posting of photographs (including on social networks) taken by families at preschool events.

Parent or Guardian Initials _____

Student's Last Name _____

Does your child have any food avoidances for religious or cultural reasons? (please list) _____

Please list all of your child's *physician- diagnosed* food and environmental allergies (if any)

ALLERGEN	REACTION

Do any of your child's allergies require the use of an Epi-Pen or emergency medical device? Please Explain.

It is the responsibility of the parent to alert the Preschool Director in writing of any change in allergies. If a child develops an allergy mid-year or has experienced a change in an existing allergy, the parent needs to contact the Director by e-mail or by a written note so that the child's file can be updated.

If your child requires the use of an Epi-Pen or another emergency medical device, please arrange a meeting with the Vine Preschool Director and your child's lead teacher before the start of the school year to review emergency procedures and complete an Authorization to Administer Medication Form.



Has your child attended school or daycare before? _____ School Name _____

Is your child currently receiving developmental services? Yes _____ No _____

If YES, what type of services _____

Please include any developmental or behavioral information regarding your child that would be helpful for educators.

Will your child be concurrently enrolled in another preschool program or school? Yes _____ No _____

If YES, where and what grade or age level _____

Parent or Guardian Initials _____

Vine Preschool
PAYMENTS, POLICIES, TERMS & CONDITIONS - School Year 2019-2020

Vine Preschool Tuition & Payment Information

- Tuition may be paid by cash, check (to Vine Preschool), or direct deposit; **Zelle payments will NOT be accepted.**
- Tuition is based on an annual cost and is divided into nine equal payments. Additionally there is an application fee and supply fee each school year.
- Your first payment of one month's tuition and the supply fee is collected in advance and is due by **June 1, 2019**. This payment will be applied to your account and used as your final monthly (May 2020) payment. If first payment is not received by **June 1, 2019**, your child's spot will be forfeited for the 2019-2020 academic year.
- Students attend school September through May and generally follow the Fairfax County Public School calendar for holiday and inclement weather closures.
- There are no reductions in monthly payments for holidays, school closures, or absences.
- As long as the child is enrolled, tuition must be paid whether or not the child is in attendance.
- The remaining installments are due by the first day of each month September through April.

Installment Tuition Payments

2 ½ Year Old Class (2 Days)	\$240 per month / \$ 2,160 per year
3 Year Old Class (3 Days)	\$ 330 per month / \$ 2,970 per year
4 Year Old Class (5 Days)	\$ 495 per month / \$ 4,455 per year

Application Fee

The **non-refundable** application fee of **\$100 per student** is required to accompany the application for enrollment. Applications submitted without the application fee will not be accepted.

Supply Fee

The **non-refundable** supply fee is due with the first tuition payment. In addition to supplies, the fee covers field trips and a class photograph, and is related to the number of days per week that the child's class meets.

Supply Fee (one-time)

2 ½ Year Class (2 days)	\$ 35
3 Year Class (3 days)	\$ 50
4 Year Class (5 days)	\$70

Enrollment after September

Along with the application fee, supply fee and current month's tuition payment, an additional advance payment is due which will be applied to your account and used as the May 2020 final monthly payment.

Vine Preschool Terms & Conditions

1. Tuition Payments:

- a. Make checks payable to Vine Preschool.
- b. There is a \$25 charge for returned checks.
- c. Tuition is due the 1st of each month. Late tuition payments will be assessed a \$25 fee.
- d. Payments may be made by mail or by dropping into the tuition box next to the preschool office **Please do not send payments in your child's tote bag or backpack.**
- e. There are no tuition refunds for days your child is absent, for partial month enrollment, holidays or school closures.
- f. Payments are not waived due to absences for extended vacations.

2. **Late Pickup Fee:** If Vine Preschool determines that your child is habitually picked up late, after the first ten minutes there will be a \$5 charge and a \$1 per minute charge for every additional minute your child is kept waiting.

3. **Sibling Discount:** A 10% discount will be given on the highest tuition rate when more than one child from a family is enrolled.

4. **Withdrawal Policy:** Vine Preschool accepts enrollment for a 9 month school year, and students are expected to attend on days that school is in session. Due to the incremental nature of Vine Preschool's teaching method and the relatively small size of our school, we cannot accommodate seasonal enrollment.

- To withdraw your child before school starts, a parent or guardian must submit written notification by July 31, 2019 in order to receive a refund of the advance May tuition. The application fee and supply fee are non-refundable.
- To withdraw a student from the months of September through December, a parent or guardian must give a 30-day written notice. The advance May tuition payment will be applied as your final monthly payment.
- For withdrawal notifications after December 31, payment is due for the month(s) attending, and May tuition is forfeited and cannot be applied to the last attending month's tuition.
- Students who withdraw from our preschool then wish to re-enroll will be readmitted depending on enrollment availability. Re-enrolling students must pay the application fee of \$100.

5. **Dismissal Policy:** Every effort is made to help each child to have a happy and rewarding experience at Vine Preschool. If a child has not satisfactorily adjusted and exhibits behavior that disrupts the learning environment of the class, Vine Preschool reserves the right to withdrawal the child's enrollment. Additionally, Vine Preschool reserves the right to withdrawal any child whose tuition payment is over 30 days late.

6. **Classroom Assignment:** Any changes in classroom assignment must be approved by the Preschool Director and will be based on Fairfax County age guidelines for classrooms, availability, and the student's best interest.

7. **Class Cancellation:** Vine Preschool reserves the right to cancel a class offering, prior to the start of the school year if enrollment is not adequate to cover the cost of the program.

I am aware that my child cannot begin class until:

- He / she is daytime toilet trained (3 and 5 day classes only)
- My child has a current Virginia School Entrance Form (completed by child's physician) on file
- My child's original birth certificate or passport has been shown to the Preschool Director
- I have paid any outstanding balance on my account

Parent or Guardian Initials _____

Vine Preschool
EMERGENCY MEDICAL RELEASE FORM - School Year 2019-2020

Child's Name _____ Birth date ____/____/____

Address _____

City _____ State _____ Zip _____

Father's Name _____ Address Same as Child (if different please indicate below)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Mother's Name _____ Address Same as Child (if different please indicate below)

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

EMERGENCY CONTACTS (Relative, Neighbor, or Friend) in case parents cannot be reached:

1. Name _____ Relationship _____

Daytime Phone _____ Cell Phone _____

I authorize this person to pick up my child from school

2. Name _____ Relationship _____

Daytime Phone _____ Cell Phone _____

I authorize this person to pick up my child from school

Child's Physician: _____ Phone _____

Emergency Hospital Preference: _____

Allergies and Health Considerations: _____

FAMILY INSURANCE INFORMATION

Company Name _____ Policy Number _____

Policy Holder _____ Other insurance information _____

- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the preschool.
- I waive any and all claims against Vine Preschool and its employees for accidents or injuries, except those as a result of willful gross negligence.
- I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle. (Notice will be given and individual permission slips will be sent home for field trips).
- I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
 - Attempt to contact a parent or guardian.
 - Attempt to contact the child's physician.
 - Attempt to contact you through any of the persons listed above in the Emergency Contact section.
 - If we cannot contact you or the child's physician, we may do any of the following:
 - Call another physician, call an ambulance, or have the child taken to an emergency hospital with a staff member

Parent or Guardian Initials _____

- I understand that the preschool will contact me if my child becomes ill and that I will arrange to have my child picked up as soon as possible if requested by the school.
- I understand that it is my responsibility to notify the school within 24 hours, or the next business day, if my child or any member of our immediate household is diagnosed with, or develops, a reportable communicable disease – such as, but not limited to, chicken pox, measles, Fifth disease, Hepatitis A, impetigo, meningitis, head lice, pinworms, hand/foot/mouth disease. In the event of a life threatening disease it is my responsibility to notify the Director immediately.

PERSONS AUTHORIZED TO PICK UP MY CHILD (other than parents)

Vine Preschool teachers and staff may ask individuals for identification when they arrive to pick up your child.

Name _____ Phone: _____

Address: _____ Zip _____

Name _____ Phone: _____

Address: _____ Zip _____

Name _____ Phone: _____

Address: _____ Zip _____

Please Check if any of the following apply:

Mother only allowed to pick up child.

Father only allowed to pick up child.

If the box "Mother only" or "Father only" is checked, please provide supporting legal documentation.

Vine Preschool

TERMS & CONDITIONS AGREEMENT - School Year 2019-2020

By submitting this application, and the \$100 non-refundable application fee, I understand that I am applying for my child to be enrolled in Vine Preschool, and I understand that enrollment is discretionary. If my child's application is accepted, the Director of Vine Preschool will confirm my child's enrollment by e-mail. It is my responsibility to deliver paperwork and make the required payments to ensure my child's continued enrollment at Vine Preschool. Through my initialing and checking the previous pages and signing below, I agree to all Fees, Terms, and Conditions as described through pages 1 – 7 of the enrollment application and I certify that the information provided on this form is accurate.

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ **Date:** _____

Parent or Guardian Initials _____