



# Registration Form 2021-22

<i>(office use only)</i>		
Received _____	Photo Notice _____	Allergy Notice _____
Start Date _____	Program _____	Withdrawn _____

Child's Full Name: \_\_\_\_\_ (please circle)  
 \_\_\_\_\_ Boy \_\_\_\_\_ Girl

Name to be used in preschool: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (should answer to this name)

Child speaks English: \_\_\_\_\_ (please circle)  
 \_\_\_\_\_ fluently \_\_\_\_\_ a little \_\_\_\_\_ not at all

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

Primary Home/  
 Mailing Address: \_\_\_\_\_  
 (list additional mailing  
 address if applicable) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Between parents, choose  
 ONE phone/email that   
 should be used as  
 primary contact

Employer: \_\_\_\_\_ Cell Phone:

Employer Address: \_\_\_\_\_ Work Phone:   
 \*Work/corporate addresses must  
 be supplied per licensing  
 requirements. e-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone:

Employer: \_\_\_\_\_ Cell Phone:

Employer Address: \_\_\_\_\_ Work Phone:   
 \*Work/corporate addresses must  
 be supplied per licensing  
 requirements. e-mail: \_\_\_\_\_

List all other persons living in the household (include names and ages of children): \_\_\_\_\_

Diagnosed Allergies or Intolerance to Food, Medication, etc.)	Yes	No	Type _____
If yes, additional paperwork from physician is required. Please see the office.			
Action Required:	None	Epi-Pen	Other _____

Pertinent Developmental/ Chronic Physical Information (e.g., premature birth, health concerns, vision, ADHD, etc.) \_\_\_\_\_

Does child have an IEP? \* Yes No If yes, please provide the office with a copy (\*IEP - Individual Education Plan)

Special accommodations we should be aware of: \_\_\_\_\_

Previous/current daycare programs or schools: \_\_\_\_\_

**Please notify the office immediately of any changes to student information**

## Identity Verification for New Students

**(THIS SECTION TO BE COMPLETED BY ELP OFFICE ONLY** as required by VA Dept of Social Services, Division of Licensing)

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. While we are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Child's Full Name \_\_\_\_\_ Birth Certificate or Other Record #: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Date Filed/Issued: \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Viewed by and date: \_\_\_\_\_

Emmanuel Lutheran Preschool (ELP) is a Virginia state-licensed outreach program of ELC, Inc. **The School Entrance Health Form, Emergency Contact/Pickup Authorization Form, and proof of identity shown to the Registrar (birth certificate or passport) are required by the Commonwealth of Virginia and Fairfax County.** Your child will not be able to begin school without the completed forms. The Health Form should be updated as your child receives additional vaccines. It is understood that ELP will not be responsible for any illness your child may contract. The preschool will notify the parent as soon as possible if the child becomes ill. It is also understood that parents must notify the preschool when any member of the household is sick with a contagious illness as this is a Virginia State Licensing requirement.

The ELP registration fee must be included with this Registration Form to be considered complete. Our preschool tuition is divided into 9 equal monthly payments. **If accepted, a non-refundable deposit of one month's tuition and your child's activity fee must be received to hold your child's spot in our program.** For families that are new to our school, your tuition payment and activity fee is due by April 1, 2021 and for currently enrolled families, due by June 1, 2021. Your deposit will be credited in our tuition accounts as your child's May 2022 tuition. Tuition is then paid monthly beginning September 1<sup>st</sup> and your final payment for the year will be April 1, 2022. Tuition received after the 6<sup>th</sup> of the month will be deemed late and will incur a \$40 late fee. Tuition received after the 10<sup>th</sup> may incur an \$80 total late fee. If your first payment is not received by the 15<sup>th</sup> including all late fees, we will not be able to hold the place for your child. **As long as the child is enrolled, tuition must be paid whether or not the child is in attendance. There is no discount for time missed. Without exception, if offered a place in the school, the registration, activity fee, and first tuition payment are non-refundable.** Students who withdraw and re-enroll must pay new registration and activity fees, and new tuition deposit.

**I have read the above fee schedule and understand our total financial commitment for the 2021-2022 school year:**

Monthly Tuition\* \$ \_\_\_\_\_ x 9 months \$ \_\_\_\_\_ \*\$30 monthly discount for each additional sibling  
Registration Fee \$ \_\_\_\_\_  
Activity Fee \$ \_\_\_\_\_  
Total School Year Financial Commitment \$ \_\_\_\_\_ **→Initial** \_\_\_\_\_

### ELP Photo Policy/Photo Opt-Out:

In accordance with the current ELP photo sharing policy, we will not post or publish any photos outside of the school to any public forums that depict a child with identifiers, i.e., full face or name of child. Any picture of a child on ELP's Facebook, Google, website, or other posting would only be taken from behind or above the child/children and *no identifiable faces would be displayed*. ELP generally allows teachers to take pictures of the children in their classrooms during the preschool day (including with identifiers) to be shared with the class, primarily on Brightwheel, and for art projects and on bulletin boards. ELP does not control the disclosure or use of photographs or videos taken by participants at school events that are open to parents and families.

If you do not wish to have any pictures taken of your child by ELP staff, check the option below. The ELP office will notify your child's teacher and keep your preferences on file. In this case, you would choose one of the following option:

I wish to opt out of any and all pictures taken by ELP, even those to be shared with the class for any other purposes.

**→Parent/Guardian Signature** \_\_\_\_\_ **→Date** \_\_\_\_\_

### Parent Handbook Acknowledgement:

We agree to abide by all rules and guidelines set out in the ELP Parent Handbook. It is understood that each child must be completely toilet-trained for the 3-year old and 4-year old Pre-K classes. It is also agreed that if it is found that the child fails to cooperate satisfactorily with the school program, or if tuition payments fall two (2) months in arrears, said child will be withdrawn from ELP enrollment. ELP does not discriminate on the basis of race, color, religion, national, or ethnic origin. It is also agreed that all applications for enrollment at ELP are subject to the approval of the ELP Advisory Team.

**→Parent/Guardian Signature** \_\_\_\_\_ **→Date** \_\_\_\_\_

## Emergency Care Contact/ Pickup Authorization Form

Please list **TWO EMERGENCY CONTACTS (not parents)** who live in the immediate area and are readily available. They are authorized to pick up your child in the event of an emergency and/or when parents cannot be reached.

Name _____	Name _____
Relationship _____	Relationship _____
Local Address _____	Local Address _____
Cell Phone _____	Cell Phone _____

### All Persons Authorized to Pick Up Child

Please provide the following information about the persons who will be transporting your child from the preschool. (**Include the names of child's parents/guardians.**) For your child's safety, he/she will be released **ONLY** to the persons listed on this form. Any other arrangements must be authorized by the parent/guardian *in writing*.\*

Name	Relationship to Child	Phone Number	Alt. Phone #
<u>Parent:</u>			
<u>Parent:</u>			
<u>Other:</u>			

*\*In case of emergency, if someone other than who is listed above will pick up your child, please call the preschool office at 703.938.6187 for authorization.*

### **Person(s) Not Authorized to Pick Up Child**

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact during school or day care activities.

Name	Relationship to Child	Phone Number	Alt. Phone #

**By signing this form you are agreeing to pick up your child in a timely manner.**

**→ Parent/Guardian Signature**

**→ Date**

# INOVA Fairfax Hospital Authorization for Emergency Treatment

I hereby give my consent to ELP or anyone on its behalf to secure and provide any medical or other attention that is necessary or urgent, and I further agree to pay for any medical or any other expenses incurred on behalf of the above named child. ELP is insured with Brotherhood Mutual Insurance Co. of National Church Group Insurance Agency, Inc., P.O. Box 4480, Leesburg, VA 22075.

I, \_\_\_\_\_, hereby authorize for my child \_\_\_\_\_:  
**(→ Parent/Guardian Signature)**

any physician, member of the Department of Emergency Medicine of Inova Fairfax Hospital or Reston Hospital Center, and/or any member of the medical staff of the above mentioned hospitals requested by the Department of Emergency Medicine Physicians, to render any medical treatment, which in his/her judgment may be deemed necessary in the care of my child.

→Date \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Medicines child takes regularly \_\_\_\_\_

Last tetanus shot \_\_\_\_\_

Outstanding Medical History (Diabetes, seizures, etc.) \_\_\_\_\_

### Insurance Information

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

Identification/Policy # \_\_\_\_\_

Subscriber's name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Subscriber's telephone # \_\_\_\_\_