



Emmanuel Lutheran Preschool Application for Admission 2022-2023

Received by ELP _____

Start Date _____

Student's Full Name: _____ Boy Girl

Written name to be used at preschool
(child should answer to this name): _____ Date of Birth: _____

Child speaks English: fluently a little not at all Language(s) at home: _____

This application is for the indicated program. I understand the applicable fees must be paid through Brightwheel for my application to be complete.

2½-Year Old Class (Must be two years old by 3/31/22) <input type="checkbox"/> Tuesday/Wednesday OR <input type="checkbox"/> Thursday/Friday 4-Year Old PreK Class (Must be four years old by 9/30/22) <input type="checkbox"/> Tuesday/Wednesday/Thursday/Friday <input type="checkbox"/> add Monday Super Science (5-day program)	3-Year Old Class (Must be three years old by 9/30/22) <input type="checkbox"/> Wednesday/Thursday/Friday <input type="checkbox"/> add Tuesday Above & Beyond (4-day program) <input type="checkbox"/> add Monday Globetrotters AND Tuesday A&B (5-day program)
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PLEASE PROVIDE ALL INFORMATION IN ITS ENTIRETY, INCLUDING REQUESTED SUPPORTING DOCUMENTS FOR YOUR APPLICATION TO BE CONSIDERED. Do not skip any sections or your child's enrollment may be delayed or denied.

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

Mother's Name: _____ Home Phone: _____

Employer: _____ Cell Phone: _____

Employer Address: _____ Work Phone: _____

_____ e-mail: _____

**Work/corporate addresses must be supplied per licensing requirements.*

Father's Name: _____ Home Phone: _____

Employer: _____ Cell Phone: _____

Employer Address: _____ Work Phone: _____

_____ e-mail: _____

**Work/corporate addresses must be supplied per licensing requirements.*

I give permission to share contact information with other parents in my child's class. I understand the information is not to be shared outside of class.

primary email: _____ primary cell phone: _____

Whose phone should we call first in case we need to reach you during the school day? Mother Father Other _____

Which email should be used as the primary contact for ELP communications? Mother Father Other _____

Daycare programs/other schools past or currently enrolled: _____

Developmental services/supplemental learning services: _____

Please notify the office immediately of any changes to family contact information

ELP REGISTRAR'S Identity Verification for New Students

currently enrolled student on file

THIS SECTION TO BE FILLED OUT BY ELP OFFICE ONLY as required by VA Dept of Education, 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 /Other #: _____
Date of Birth _____ Date Filed/Issued: _____
Place of Birth _____ Boy Girl Viewed by and date: _____

Emmanuel Lutheran Preschool (ELP) is a Virginia state-licensed child day center and an outreach program of Emmanuel Lutheran Church, Inc. ELP does not discriminate on the basis of race, color, religion, national, or ethnic origin. All applications for enrollment at ELP are subject to the approval of the ELP Advisory Team.

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.

All required paperwork and the application fee must be submitted to complete your child's registration. **If accepted, a non-refundable deposit of one month's tuition and one-time activity fee must be received to hold your child's spot in our program.** ELP uses Brightwheel, an education software platform that includes remitting tuition payments online. Your child's annual tuition is divided into 9 equal installments and is not based on the number of class days in a month. For families that are new to our school, this tuition payment and activity fee is due by April 1st and for currently enrolled families, due by May 1st. Your deposit will be credited as your child's last May (last month's) tuition. Tuition is then paid monthly beginning September 1st and your final payment for the year will be April 1st. Tuition received after the 6th of the month will be deemed late and will incur a \$40 late fee. Tuition received after the 10th may incur an \$80 total late fee. If your payment is not received by the 15th including all late fees, we may dismiss your child from the program. **As long as your child is enrolled, tuition must be paid whether or not your child is in attendance. There is no discount for time missed. Without exception, upon enrollment, the application fee, activity fee, and first tuition deposit are non-refundable.** Students who withdraw and re-enroll must pay new application and activity fees, as well as a new tuition deposit.

I have read the above fee schedule and understand our total financial commitment for the 2022-2023 school year:

Monthly Tuition* \$ _____ x _____ months \$ _____ *\$30 monthly discount for each additional sibling
Application 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. Photos would only be taken from behind or above the child and *no identifiable faces would be shown.* Teachers may take pictures of the children during the preschool day (including with identifiers) as part of the activities shared in Brightwheel, for use in art projects, and classroom bulletin boards. ELP does not control the disclosure or use of photographs or videos taken by participants at school events that are open to families. Should you wish to opt out of having any photos of your child taken, please make your request in writing to the ELP Office.

➔ **Initial** _____

Parent Handbook Acknowledgement

I have reviewed the ELP *Parent Handbook* and *Pandemic Health & Safety Handbook* on the ELP website and agree to abide by all rules and policies. I understand my child must be completely toilet-trained (no Pull-Ups) for the 3-year old and 4-year old Pre-K classes. If my child cannot satisfactorily participate with the school program, or if tuition payments fall two (2) months in arrears, I acknowledge my child may be withdrawn from ELP enrollment.

➔ **Parent/Guardian Signature** _____ ➔ **Date** _____

Emergency Care Contact/Approved Pickup Form

Please list two people (not the child's parents) who live in the immediate area and are readily available to pick up your child from school in the event either parent cannot be reached.

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

Other Individuals Authorized to Pick Up Child

Please provide the following information about the persons who will be transporting your child from the preschool. For your child's safety, he/she will be released ONLY to the persons listed on this form. Any other long-term arrangements must be authorized by the parent/guardian *in writing*. * **Additional individuals may be added to your child's Brightwheel profile throughout the school year; those names may supersede any listed below.**

Name	Relationship to Child	Phone Number	Alt. Phone

**In case of emergency, if someone other than who is listed above will pick up your child, please use Brightwheel to message the school or call the preschool office at 703.938.6187 for authorization. Photo ID may be required to be shown by anyone not listed*

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

I will be available, or provide someone in my stead, to pick up my child from ELP in a consistent, timely manner at dismissal time, or if ELP contacts me to pick up my child prior to dismissal time.

→ 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 Church Mutual Insurance Company, 3000 Schuster Lane, PO Box 357, Merrill, WI 54452-0357.

I hereby authorize for my child _____
that 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, is permitted to render any medical treatment, which in his/her judgment may be deemed necessary in the care of my child.

Child's diagnosed allergies _____

Additional paperwork may be required from your child's physician, including, but not limited to a FARE plan.

Action required None Epi-Pen Other _____

ELP only administers Epi-pens. All other medications must be given at home.

Child's Physician _____ Phone _____

Medication/Treatment child takes regularly _____

Date of last tetanus shot _____

Pertinent developmental/chronic physical information
(premature birth, health concerns, vision, ADHD, etc.) _____

Outstanding medical history (diabetes, seizures, etc.) _____

It is understood that ELP is not responsible for any illness your child may contract. The preschool will notify parents as soon as possible if your 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.

→ Parent/Guardian Signature

→ Date

Insurance Information

Insurance Company _____

Identification/Policy Number _____

Subscriber's Name _____

Place of Employment _____

Subscriber's Telephone _____

PARENT WAIVER OF LIABILITY DURING PANDEMIC

This form must be signed and on file before your child can attend ELP. This is the document you will see referenced in the last question of the Brightwheel Health Screen that you must attest to each morning when you drop off your child at ELP.

Student: _____

In the event of a pandemic, flu, or other serious health outbreak, ELP follows guidelines as set out by the Commonwealth of Virginia, the Fairfax County Health Department, and the Fairfax County Public School's response plan. As a general rule, there will be no make-up for class time lost due to illness or pandemic closures.

- I (parent, caregiver, authorized pickup person) will NOT be permitted to enter the preschool at any time beyond the designated drop-off and pick-up area outside in the parking lot.
- To enter the preschool, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the class and isolated in a sick room and monitored by a staff member. I will be contacted, and my child MUST be picked up within 20 minutes of being notified. Symptoms include fever of 100.4 degrees Fahrenheit or higher, dry cough, shortness of breath, chills, sore throat, diarrhea, and loss of taste or smell. Your child will need to be symptom-free without any medications for 48 hours and have a doctor's note indicating your child is healthy before returning.
- My child will be required to wash their hands using the CDC recommended handwashing procedures (with a teacher's help if needed) throughout the day using warm running water and rubbing with soap for at least 20 seconds.
- I will immediately notify the Preschool Director if I become aware of any person with whom my child or any household member has had contact exhibits any of the symptoms listed above, has been advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19, or who has traveled to an area with 10% community spread of COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>
- While in attendance at preschool each day, my child will be in contact with people who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by people who are asymptomatic and/or before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
- I understand that by signing this Waiver I am knowingly and voluntarily waiving my right to hold Emmanuel Lutheran Church, Inc., its Council and Officers, or Emmanuel Lutheran Preschool, the Preschool Advisory Team, nor its Staff accountable for any illness or injury to my child or our family as a result of exposure at their facility at 2589 Chain Bridge Road, Vienna, VA 22181.

I certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Emmanuel Lutheran Preschool will result in termination of services. I acknowledge that attendance at school for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

→ Parent/Guardian Signature

→ Date



Child's Name: _____

Emmanuel Lutheran Preschool Getting to Know Your Child Form

This form may be submitted in August or just prior to the start of school to reflect your child's most current interests and experiences.

Our goal at Emmanuel Lutheran Preschool is to partner with your family to nurture and encourage your child's development during this school year. We are looking forward to a wonderful year together!

1. What are some activities or experiences that spark your child's interest?
2. What activities really engage your child and/or really allow them to maintain focus?
3. What goals would you like us to work on together this year?
4. What does a typical morning look like at your house (waking time, breakfast routine, transportation arrangements, caregiver coordination)?
5. What is your typical meal time routine, and what are some typical or favorite foods (or dislikes)?
6. What is your child's bedtime routine and usual bedtime? How would you describe your child's sleeping habits?
7. Name the people who live in your home and relationship to your child (include regular childcare givers). Any pets?
8. Any health/development issues past and/or present?
9. Anything else that could help us give your child the best possible preschool experience?
10. What are any classes, enrichment activities, sports, or therapies in which your child participates?