Office Use Only:	
Program(s) Enrolled/Waitlist #	
First Day Attended://	
Last Day Attended://	
	•



Last Day Attended:/  2022-2023 Enrollment Application						Children's Weekday	
Child's Full Name:		Birthdate:			Progran	ı	
Preferred Name/Nickname:	Gender:	F M					
Street Address:		City:		State: _	ZIP:		
Parent #1:							
Name	Cel	l &/or Work Phone	Pre	eferred Email			
Parent #1 Address (if different from child's):	Street	City	State	ZIP			
*FULL EMPLOYER ADDRESSES REQUIRED BELOW	Succe	City	State	211			
Parent #1 Employer:							
Occupation	Company Name	Street	Cit	У	State	ZIP	
Parent #2:		   &/or Work Phone		oforrad Email			
	Cei	i &/or work Phone	Pre	eferred Email			
Parent #2 Address (if different from child's):	Street	City	State	ZIP			
*FULL EMPLOYER ADDRESSES REQUIRED BELOW							
Parent #2 Employer: Occupation		pany Name		Street			
Siblings (First Name/Age/Gender):		. ,					
Language(s) Spoken at Home:							
Will your child concurrently attend another school of Please check all that apply to your child:  Allerg	or attend a home daycare? I		e of the school or ca				
Details on above needs:	•		•				
Program(s) you are applying for (check all that apply				nal Kindergarte	n		
Primary Class Choice(s):							
Alternate Class Choice(s):							
Financial Agreement: A non-refundable registry which will be applied to your May 2023 invoice Program. All other forms provided to you by CV non-refundable beginning August 1, 2022. Once received after the 5 <sup>th</sup> of each month will incur a Enrollment Agreement: CWP welcomes childred director conclude a family's needs are unable to disenrolled at any time. Staff changes can occur applications are subject to approval of the CWI Arlington County School Calendar regarding hot training sessions, workdays, and last-minute cleans.	must be submitted with NP (including the VA State eschool begins, tuition per \$25 late fee. If tuition is an and families of any race be met or if a child fails ar at any time, and it is not a Board. The school calen lidays, breaks and school	this application. Chece Health Form) will nayments will be due to not paid for 2 montle, color, religious, or to adjust satisfactoriot possible to guarant dar, which runs from	cks should be mad eed to be complet the 1 <sup>st</sup> day of each ns, the child will fo national and ethni ly to the program ee a specific teach mid-Sept through	e payable to ed by August month (Sept- orfeit his/her c origins. If t in any way, the er or class pla May and gen	Children's Week 1st. The supply - April). Paymer enrollment. he school board ne child/family r acement. Enroll terally follows the	fee is ts and hay be ment e	
Signature:	Printed Name	<b>:</b>		Date: _			