

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



## 2025-2026 Enrollment Application

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Gender: F M

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent #1: \_\_\_\_\_  
Name Preferred Phone Number Email

Parent #1 Address (if different from child's): \_\_\_\_\_  
Street City State ZIP

**\*FULL EMPLOYER ADDRESSES REQUIRED BELOW**

Parent #1 Employer: \_\_\_\_\_  
Occupation Company Name Street City State ZIP

Parent #2: \_\_\_\_\_  
Name Preferred Phone Number Email

Parent #2 Address (if different from child's): \_\_\_\_\_  
Street City State ZIP

**\*FULL EMPLOYER ADDRESSES REQUIRED BELOW**

Parent #2 Employer: \_\_\_\_\_  
Occupation Company Name Street City State ZIP

Siblings (First Name/Age/Gender): \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_ How did you hear about CWP? \_\_\_\_\_

If your child previously attended another Child Development Centers ( i.e. daycare, preschool, etc.), please list your facility here and reason for leaving:

\_\_\_\_\_

Will your child concurrently attend another school or attend a home daycare? If so, please list the name of the school or caretaker: \_\_\_\_\_

Please check all that apply to your child: Allergies Special Needs Developmental/Speech Delays Suspected/Undiagnosed Delay/Special Need

Details on above: \_\_\_\_\_

Program you are applying to: Pre-K(PK - must be 4 by September 30<sup>th</sup>) Preschool (PS)/Parents' Day Out (PDO)

Primary Class Schedule Choice(s): \_\_\_\_\_

Alternate Class Schedule Choice(s): \_\_\_\_\_

Fall Semester Extended Day Schedule Choice(s) if applicable: \_\_\_\_\_

**Financial Agreement:** A **non-refundable** registration fee (per child), a **non-refundable** deposit of one month's tuition (per child, per class), which will be applied to your May 2026 invoice and if applicable an extended day deposit must be submitted with this application. Checks should be made payable to *Children's Weekday Program*. **All other forms provided to you by CWP prior to the school year (including the VA State Health Form) will need to be completed by August 15th.** The supply fee is **non-refundable** and will be invoiced September 1, 2025 & February 1, 2026. Tuition payments will be due the 1<sup>st</sup> day of each month (Sept- April). Payments received after the 5<sup>th</sup> of each month will incur a \$25 late fee. If tuition is not paid for 2 months, the child will forfeit his/her enrollment.

**Enrollment Agreement:** CWP welcomes children and families of any race, color, religion, or national and ethnic origins. If the school board and director conclude a family's needs are unable to be met or if a child fails to adjust satisfactorily to the program in any way, the child/family may be disenrolled at any time. Staff changes can occur at any time, and it is not possible to guarantee a specific teacher or class placement. Enrollment applications are subject to approval of the CWP Board and placement is at the director's discretion. The school calendar, which runs from mid-Sept through May generally follows the Arlington County School Calendar regarding holidays, breaks and school closings. CWP reserves the right to schedule vacations, faculty meetings, training sessions, workdays, and last-minute closures at our discretion.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_