

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



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): _____

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 or Undiagnosed Delay/Special Need

Details on the above: _____

Program you are applying to: Pre-K(PK) _____ (must be 4 by September 30th) 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 9th and final installment invoice of the school year 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 per CWP's admissions schedule.** The supply fee is **non-refundable** and will be invoiced September 1 & February 1. Tuition payments will be due the 1st day of each month (September — April). Payments received after the 5th 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-September through the third week in 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: _____