

# McNair Farms Children's Center

2487 McNair Farms Dr.

Herndon, VA 20171

703-713-0093

[www.childsplayinc.com](http://www.childsplayinc.com)

## ENROLLMENT APPLICATION

Today's Date \_\_\_\_\_

Starting Date \_\_\_\_\_

How did you hear about our center? \_\_\_\_\_

Reservation or Registration fee paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Deposit Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Registration Information (Check One): Registration \$75.00  
FULL DAY PRESCHOOL \*Must Be Walking 6:30AM - 6:30PM

Preschool (12 mos to 3 yrs)  Monday-Friday  Mon/Wed/Fri  Tues/Thur

Pre Kindergarten (4 - 5 yrs)  Monday-Friday  Mon/Wed/Fri  Tues/Thur

MORNING PRESCHOOL 9:00 am - 12:00 pm

Morning Preschool (2 ½ - 5 yrs)  Monday-Friday  Mon/Wed/Fri  Tues/Thur

### BEFORE & AFTER SCHOOL PROGRAMS

BA 1<sup>st</sup> - 6<sup>th</sup> Grade  Monday-Friday  Mon/Wed/Fri  Tues/Thur

BA Kindergarten  Monday-Friday  Mon/Wed/Fri  Tues/Thur

Elementary School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone#: \_\_\_\_\_

BREAKFAST PROGRAM (\$1.00 per day)

3. Mother's Name (or guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Does child live with both parents? \_\_\_\_\_  
 If no, list percent of time with each \_\_\_\_\_
6. Child's brother's / sisters: \_\_\_\_\_  
 \_\_\_\_\_
7. List all child's previous day care or preschools:  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 Has your child ever been asked to leave another preschool program or Child Care Center?  
 \_\_\_\_\_ If YES, please explain: \_\_\_\_\_
8. Is your child toilet trained? \_\_\_\_\_  
 Does your child wear diapers at night? \_\_\_\_\_
9. Does your child have any special physical conditions such as allergies, hearing loss,  
 speech delay, etc.? \_\_\_\_\_
10. Does your child nap regularly? \_\_\_\_\_ On weekends? \_\_\_\_\_  
 Are there any potentially difficulties at nap time? \_\_\_\_\_
11. Are there any potentially difficult adjustments that your child has had so far (deaths,  
 hospitalizations, or illness in the family, separations/divorces, etc.)?  
 \_\_\_\_\_
12. Is there anything else you would like to share us? \_\_\_\_\_  
 \_\_\_\_\_
13. What are you goals for your child? \_\_\_\_\_
14. What do you look for in a preschool environment to be sure your child is in high quality  
 programs? \_\_\_\_\_  
 \_\_\_\_\_

Parent Signature  
 \_\_\_\_\_

Date  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Director's Signature  
 \_\_\_\_\_

Date  
 \_\_\_\_/\_\_\_\_/\_\_\_\_