

South Riding Children's Center and Private Kindergarten
25400 South Riding Blvd.
South Riding Va. 20152
703.327.6618 fax 703.327.3548

Enrollment Application

Today's Date _____

Starting Date _____

How did you hear about our center? _____

Reservation or

Registration fee paid \$ _____ Check # _____ Date Paid _____

Deposit paid \$ _____ Check # _____ Date Paid _____

1. Last Name _____ First Name _____

Likes to be called _____ Age _____ Sex _____ Birthdate _____

2. Registering into (check one):

ALL DAY: 6:30 am to 6:30 pm.....Registration fee: \$75.00

Group Inf/Tod (12mo-2) _____ M-F _____ MWF _____ TR

Group Two's (2 -3) _____ M-F _____ MWF _____

Group All Day Pre (3-4) _____ M-F _____ MWF _____ TR

Junior Kindergarten (4 -5) _____ M-F _____ MWF _____ TR

Morning preschool programs: (Hours: 8:30am – 11:30am, Potty Trained)

_____ M-F _____ MWF _____ TR

Private Kindergarten

_____ M-F (9:00am – 3:00pm) _____ M-F Extended Care

Before and after school programs:

B&A AM Kindergarten _____ M-F _____ MWF _____ TR

B & A 1st – 5th Grade _____ M-F _____ MWF _____ TR

Elementary school attending _____

Grade _____ School Phone Number _____

3. Mothers name or _____

Guardian _____ Relationship _____

Address _____

E-Mail Address _____ Home Phone Number _____

Employer/Position _____

Employer's Number _____ Cell Phone/ Pager _____

4. Father's name or _____

Guardian _____ Relationship _____

Address _____

E-Mail Address _____ Home Phone Number _____

Employer/Position _____

Employer's Number _____ Cell Phone/ Pager _____

5. Does child live with both parents? _____
(If no, list percent of time with each) _____
1. Child's brothers/sisters _____ Age _____ Age _____ Age _____
2. List all the child's previous day care or preschools:
 1. _____ 3. _____
 2. _____ 4. _____
3. Has your child been asked to leave another Center or Daycare Provider? If so, explain.

4. Is your child toilet trained? _____
Does he/she wear diapers at night? _____
5. Does your child have any of the following:
Special physical condition? _____ Hearing Problem? _____
Visual Problem? _____
Mental, emotional or behavioral problems? _____
6. Does your child have any life threatening allergies or conditions that we should be aware of (ex. peanut butter, dairy products, severe asthma, etc.)? _____
Speech or language difficulties? _____
7. Are there any do's and don'ts in your family for your child that we should know about?

8. Do you discipline your child? _____ If so, how? _____

9. Does your child nap regularly? _____ On weekends? _____ Are there any difficulties? _____
10. Are there any potentially difficult adjustments that your child has had so far (deaths, hospitalizations or illnesses in the family, separation or divorce, etc.)? _____
11. Is there anything else that you would like to share with us about your child that will help us better understand him or her? _____
12. What are your goals for your child? _____
13. What do you look for in a preschool environment to be sure that your child is in a high quality program? _____

Parent's Signature

Date

Director's Signature

Date