

Fair Lakes Children's Center

4750 Rippling Pond Drive Fairfax, VA 22033

703-818-9002 Fax 703-818-9004

www.childsplayinc.com

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 _____ Birth date _____

2. Registering into (check one):

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

Group 1 (12mo-2yr) _____ M-F _____ MWF _____ TR

Group 2 (2 -3) _____ M-F _____ MWF _____ TR

Group 3 (3- 3 ½) _____ M-F _____ MWF _____ TR

Group 4 (3 ½-4) _____ M-F _____ MWF _____ TR

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

Morning preschool programs: (Hours: 9:00am – 12:00am, Potty Trained, 3-5 years old)

_____ M-F _____ MWF _____ TR

Extended Day (T-F 9:00-2:00) _____

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 _____

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Employer/Position _____
Employer's Number _____ Cell Phone/ Pager _____

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

8. Is your child toilet trained? _____
Does he/she wear diapers at night? _____
9. Does your child have any of the following:
Special physical condition? _____ Hearing Problem? _____
Visual Problem? _____
Mental, emotional or behavioral problems? _____
10. 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? _____
11. Are there any do's and don'ts in your family for your child that we should know about?

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

13. Does your child nap regularly? _____ On weekends? _____ Are there any difficulties? _____
14. Are there any potentially difficult adjustments that your child has had so far (deaths, hospitalizations or illnesses in the family, separation or divorce, etc.)? _____
15. Is there anything else that you would like to share with us about your child that will help us better understand him or her? _____
16. What are your goals for your child? _____
17. 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

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