

Sully Station Children's Center & Private Kindergarten

5801 Stone Creek Drive, Centreville, VA 20120
703.449-8452 fax:703.449.0831
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 _____ Birthdate ___/___/___

2. Registration Information(check one):
 FULL DAY PRE-SCHOOL 6:30 am – 6:30 pm Registration \$75.00

Infants(6-12 months)	__ M-F only		
Toddlers(12-24 months)	__ M-F	__ MWF	__ TR
Pre-school(2-4 years)	__ M-F	__ MWF	__ TR
Pre-Kindergarten(4 years)	__ M-F	__ MWF	__ TR

MORNING PRESCHOOL 9:00 am – 12:00 pm

Morning Preschool (2 1/2 – 5 years)
 __ M-F __ MWF __ TR

BEFORE & AFTER SCHOOL PROGRAMS

B/A 1-3 grade	__ M-F	__ MWF	__ TR
B/A Kindergarten	__ M-F	__ MWF	__ TR

Elementary School Attending _____
 Grade _____ School Phone Number _____

3. Mother's Name (or Guardian) _____
 Address _____
 Home Phone (____)-____-____ Relationship _____

4. Employer _____
 Position _____ Work Phone (____)-____-____

5. Father's Name (or Guardian) _____
 Address _____
 Home Phone (____)-____-____ Relationship _____

6. Employer _____

- Position _____ Work Phone (____)-____-_____
7. Does your child live with both parents? _____
 8. If no, list percent of time with each: _____
 9. List all child's previous day care or preschools: (1) _____ (2) _____
(3) _____ (4) _____
 10. Has your child ever been asked to leave another preschool program or child care center? _____
If yes, please say why?: _____

 11. Is your child toilet trained? _____
 12. Does your child have any special physical conditions such as allergies, hearing loss, speech delay, etc.? _____

 13. What do you do in discipline situations with your child? _____

 14. Does your child nap regularly? _____ On weekends? _____
 15. Are there any potentially difficult adjustments that your child has had so far (deaths, hospitalization, or illness in the family, separations/ divorce, etc.) _____

 16. Is there anything else you would like to share with us about your child that will help us better understand him or her? _____
 17. What are your goals for your child? _____

 18. What do you look for in a preschool environment to be sure your child is in a high quality program? _____

Parent Signature

Date
____/____/____

Director's Signature

Date
____/____/____