



Ravensworth Parents Day Out Preschool
 5100 Ravensworth Road, Annandale, VA 22003
 (703) 967-0199

2021 – 2022 APPLICATION FOR ADMISSION

Office use only:
Date Received _____
Returning ___ New ___
Class: _____
Check #: <u>Birth</u>
AGE in SEPTEMBER: _____
Birth Certificate: _____
Source: _____ (Internet, Other)

APPLICATION FOR ADMISSION
 2021 to 2022 School Year

PLEASE PRINT CLEARLY WHEN FILLING BY HAND

Child Information:	First:	Middle:	Last:
Name to be used in the classroom:			Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Birthdate (Mo/Day/Yr):			
Home Address:	Street:	City:	State: Zip Code
Home Phone:	Primary Email:		
Child lives with:	Both Parents <input type="checkbox"/>	Mother Only: <input type="checkbox"/>	Father Only <input type="checkbox"/> Language at Home

List any ALLERGIES (Food, Insect bites, etc) and reaction you child may have:	
Previous Schools or Daycare attended:	
List Any known physical, mental or emotional conditions known to you, and any behavioral characteristics which may affect classroom participation:	

Mother Information:					
First Name:	Last Name	Occupation:			
Cell Phone:	Email:	Employer	Work Phone:		
Father Information:					
First Name:	Last Name	Occupation:			
Cell Phone:	Email:	Employer	Work Phone:		

EMERGENCY INFORMATION			
The school has my permission in an emergency to seek medical attention for my child at the nearest hospital. The hospital and its staff have my permission to provide treatment which a physician deems necessary for the well-being of my child until I can be reached.			
Name of Insurance Carrier:	Policy Number/ID:		
Name of Insured:			
SIGNATURE OF PARENT:	DATE:		
EMERGENCY CONTACTS	This list MUST be complete and kept up to date. Please list two (2) people we can call in an emergency when you cannot be reached.		
Name:	Phone:		
Name:	Phone:		

THE REGISTRATION FEE IS DUE AT THE TIME OF REGISTRATION AND IS NOT REFUNDABLE ONCE THE CHILD IS ACCEPTED INTO THE PROGRAM.

Child Information Sheet

Members of Household (sisters, brothers, other relatives). Please give age(s) of siblings:		
Name	Relationship to Child	Age
Family Religious Background		
Pets:		
Detail Any FAMILY Allergies:		

Does your child usually nap?	If Yes, When and for how long?:
Does your child show preference for right or left hand?	<input type="checkbox"/> Right Hand <input type="checkbox"/> Left Hand
Of what things has your child shown definite fear?	
How do you comfort your child when he/she is afraid?	
What most often makes your child angry?	
Describe your child's previous group play experiences. Give age of group and number of children.	
What are your child's favorite activities?	
Is there any event in your family (move, death, illness, new baby) which might affect your child's adjustment?	
Do you expect any problems the first weeks of the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what kind?	

Is your child toilet trained?		
If a boy, does he stand or sit?	<input type="checkbox"/> Stand <input type="checkbox"/> Sit	
What word or words does your child use to describe toilet needs?		

*****All Children in classes must be toilet trained except for the 2-year-old class (Kiwis)*****