



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

website [www.ravensworthpdo.com](http://www.ravensworthpdo.com)

Office use only:  
 Date Received \_\_\_\_\_  
 Returning \_\_\_ New \_\_\_  
 Class: \_\_\_\_\_  
 Check #: Birth  
 AGE in SEPTEMBER: \_\_\_\_\_  
 Birth Certificate: \_\_\_\_\_  
 Source: \_\_\_\_\_  
 (Internet, Other)

## APPLICATION FOR ADMISSION

2023 to 2024 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"/>
Home Address:		Street:	City:	State:	Zip Code	
Home Phone:		Primary Email:				
Child lives with:	Both Parents	<input type="checkbox"/>	Parent 1 Only:	<input type="checkbox"/>	Parent 2 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:	

<b>Parent 1 Information:</b>						
First Name:			Last Name			Occupation:
Cell Phone:		Email:		Employer		Work Phone:
<b>Parent 2 Information:</b>						
First Name:			Last Name			Occupation:
Cell Phone:		Email:		Employer		Work Phone:

<b>EMERGENCY INFORMATION</b>			
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:			
<b>SIGNATURE OF PARENT:</b>			<b>DATE:</b>
<b>EMERGENCY CONTACTS</b>		<b>This list MUST be complete and kept up to date.</b> 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

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