



-Office Use Only-
Received by ELP _____
Timestamp _____
Start Date _____

Application for Admission 2024-2025

Student's Full Name: _____ Boy Girl

Written name to be used at preschool

(child should answer to this name): _____ **Date of Birth:** _____

Child speaks English: fluently a little not at all Language(s) at home: _____

This application is for the indicated program. I understand the applicable fees must be paid through Brightwheel for my application to be complete.

<p>2-Year-Old Program (Must be two years old by 9/30/24)</p> <p><input type="checkbox"/> 3-Day Class: Tuesday/Wednesday/Thursday (\$360)</p> <p><input type="checkbox"/> 4-Day Class: Tuesday-Friday (\$480)</p>	<p>2½-Year Old Program (Must be two years old by 3/31/24)</p> <p><input type="checkbox"/> 3-Day Class: Tuesday/Wednesday/Thursday (\$360)</p> <p><input type="checkbox"/> 4-Day Class: Tuesday-Friday (\$480)</p>
<p>3-Year-Old Program (Must be three years old by 9/30/24)</p> <p><input type="checkbox"/> 3-Day Class: Wednesday/Thursday/Friday (\$355)</p> <p><input type="checkbox"/> 4-Day Class: Tuesday-Friday (\$475)</p> <p><input type="checkbox"/> 5-Day Class: Monday-Friday (\$595)</p>	<p>4-Year-Old PreK Program (Must be four years old by 9/30/24)</p> <p><input type="checkbox"/> 4-Day Class: Tuesday-Friday (\$475)</p> <p><input type="checkbox"/> 5-Day Class: Monday-Friday (\$595)</p>
<p>Registration Fees (all students)</p> <p><input type="checkbox"/> Registration (\$100)/Sibling Registration Fee (\$90)</p> <p><input type="checkbox"/> Activity Fee (\$100) <input type="checkbox"/> Last Month (May 2025) Tuition Deposit</p>	

PLEASE PROVIDE ALL INFORMATION IN ITS ENTIRETY, INCLUDING REQUESTED SUPPORTING DOCUMENTS FOR YOUR APPLICATION TO BE CONSIDERED. Do not skip any sections or your child's enrollment may be delayed or denied, write N/A if not applicable.

Mother's Name: _____ **Home Phone:** _____

Employer: _____ **Cell Phone:** _____

Employer Address: _____ **Work Phone:** _____

_____ **e-mail:** _____

*Work/corporate addresses must be supplied per licensing requirements.

Father's Name: _____ **Home Phone:** _____

Employer: _____ **Cell Phone:** _____

Employer Address: _____ **Work Phone:** _____

_____ **e-mail:** _____

*Work/corporate addresses must be supplied per licensing requirements.

Class List Permission: I give permission to share contact information with other parents in my child's class. I understand the information is not to be shared outside of class.

Primary Home/ _____

Mailing Address: _____

(list additional mailing address if applicable) _____

primary email: _____ **primary cell phone:** _____

Whose phone should we call first in case we need to reach you during the school day? Mother Father Other _____

Please notify the office immediately of any changes to family contact information

Completing your Child's Registration Packet

Emmanuel Lutheran Preschool has been serving the community since 1960, as a Christian outreach ministry and early childhood learning center. We are a developmental preschool, licensed as a child day center by the Virginia Department of Education. ELP does not discriminate based on race, color, religion, national, or ethnic origin. All applications for enrollment are subject to the approval of the ELP Advisory Team.

Your child's complete registration packet must be submitted before starting school. Please make sure your application form is completely filled out without leaving any sections blank. Please put N/A for questions that do not apply. If you are a new family registering after the school year has begun in September, you have 30 days from the time of application to submit a health form. Currently enrolled children do not need to submit proof of identity. An updated health form is encouraged each year to keep your child's records current.

Registration Packet Checklist

- This Application (6 pages)
- Proof of Identity* (birth certificate or passport)
- Virginia School Entrance Health Form or equivalent* (with immunization record)
- Physician-signed FARE (or equivalent form) for diagnosed allergy (if applicable)

*For 1st time applicants only (Updated health forms encouraged any time)

Acknowledgement of Financial Commitment

A \$100 Application Fee is collected when you submit your child's application paperwork. If accepted, a non-refundable, non-transferable deposit of one month's tuition and one-time Activity Fee must be received to hold your child's spot in our program.

****Without exception, upon enrollment, the application fee, activity fee, and first tuition deposit are non-refundable and non-transferable.****

How are Payments Collected and When are they Due?

ELP uses Brightwheel, an education software platform that includes remitting tuition payments online. Your child's annual tuition is divided into 9 equal installments and is not based on the number of class days in a month.

For families that are new to our school, the Activity Fee and initial tuition payment is a deposit due by April 1st. For currently enrolled families, this payment is due by May 1st. You will be emailed a Brightwheel invoice 5 days before payment is due.

The initial tuition deposit required to hold your child's spot is credited as your child's May 2025 (last month's) tuition. Tuition is then paid monthly beginning on September 1st, and your final payment for the year will be April 1st. Once enrolled, the tuition deposit is non-refundable and non-transferable. As long as your child is enrolled, tuition must be paid whether or not your child is in attendance. There is no discount for time missed. Students who withdraw and re-enroll in the same school year must pay new application and activity fees, as well as a new tuition deposit.

Tuition received after the 6th of the month will be deemed late and will incur a \$40 late fee. Tuition received after the 10th may incur an \$80 total late fee. If you are late with payments more than two months in a row, you may be required to enroll in the Brightwheel autopayment option. If your tuition is not received by the 15th including all late fees after the second time, we may dismiss your child from the program.

I have read and acknowledge the fee schedule and total financial commitment for the 2024-2025 school year:

→ Parent/Guardian Signature

→ Date

Acknowledgement of School Policies

ELP Photo Policy/Photo Opt-Out

In accordance with the current ELP photo sharing policy, we will not post or publish any photos outside of the school to any public forums that depict a child with identifiers. Photos would only be taken from behind or above the child and no identifiable faces would be shown. Teachers may take pictures of the children during the preschool day (including with identifiers) as part of the activities shared in Brightwheel, for use in art projects, and classroom bulletin boards. ELP does not control the disclosure or use of photographs or videos taken by participants at school events that are open to families. Should you wish to opt out of having any photos of your child taken, please make your request in writing to the ELP Office.

→Initial _____

Parent Handbook Acknowledgement

I understand the ELP Parent Handbook is on the ELP website for my information and reference, and I agree to abide by all rules and policies.

→Initial _____

Dismissal/Late Pick-Up Acknowledgment

I will notify the preschool office of any emergency/issues which might affect picking up my child on time. I understand that the regular school day dismisses promptly at 12Noon and a late pick-up is considered any time after 12:05pm. I acknowledge that picking up my child after 12:05 pm is recorded and I may be charged a late fee of \$30+ as outlined in the Parent Handbook (page 6).

→Initial _____

Absence Due to Illness

It is understood that ELP is not responsible for any illness your child may contract. The preschool will notify parents as soon as possible if your child becomes ill. It is also understood that parents must notify the preschool when any member of the household is sick with a contagious/communicable illness as this is a Virginia State Licensing requirement.

→Initial _____

Extended Absence Acknowledgement

Should I need an extended absence for my child due to travel or illness, I'll notify the school of this extended absence and I acknowledge that my tuition will still be regularly charged to hold my child's place in class until he/she returns to school.

→Initial _____

Enrollment Agreements

I understand my child must be completely toilet-trained for the 3-year-old and 4-year-old Pre-K classes.

If my child cannot satisfactorily participate with the school program, or if tuition payments fall two (2) months in arrears, I acknowledge my child may be dismissed from ELP enrollment.

Should I need to withdraw my child from ELP, I will provide the ELP office with written notice 30 days prior to the last day of attendance.

→Parent/Guardian Signature

→Date

-OFFICE USE ONLY-

Identity Verification for New Students

currently enrolled student on file

*****THIS SECTION TO BE FILLED OUT BY ELP OFFICE ONLY***** as required by VA Dept of Education, Division of Licensing

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. While we are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Child's Full Name _____

Birth Certificate /Other #: _____

Date of Birth _____

Date Filed/Issued: _____

Place of Birth _____

Boy Girl Viewed by ELP designee and date: _____

Emergency Care Contact and Approved Pick-up Form

Please list two people (not the child's parents) who live in the ****immediate area**** and are readily available to pick up your child from school if needed (within approx. 20 minutes) in the event neither parent can be reached.

Name _____	Name _____
Relationship _____	Relationship _____
Local Address _____	Local Address _____
_____	_____
Cell Phone _____	Cell Phone _____

Other Individuals Authorized to Pick Up Child

Please provide the following information about the persons (other than parents) who will be transporting your child from the preschool. For your child's safety, he/she will be released **ONLY** to the persons listed on this form. Any other long-term arrangements must be authorized by the parent/guardian *in writing*. ***Additional individuals may be added to your child's Brightwheel profile throughout the school year; those names may supersede any listed below.**

Name	Relationship to Child	Phone Number	Alt. Phone

**In case of emergency, if someone other than who is listed above will pick up your child, please use Brightwheel to message the school or call the preschool office at 703.938.6187 for authorization. Photo ID may be required to be shown by anyone not listed.*

Person(s) Not Authorized to Pick Up Child

Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact during school or day care activities.

Name	Relationship to Child	Phone Number	Alt. Phone

I will be available, or provide someone in my stead, to pick up my child from ELP in a consistent, timely manner at dismissal time, or if ELP contacts me to pick up my child prior to dismissal time.

As per VA licensing requirements, I will be asked to confirm that my child's emergency contact information and health record information is current and accurate at my student's start date of ELP.

→ Parent/Guardian Signature

→ Date

INOVA Fairfax Hospital
Authorization for Emergency Treatment

I hereby give my consent to ELP or anyone on its behalf to secure and provide any medical or other attention that is necessary or urgent, and I further agree to pay for any medical or any other expenses incurred on behalf of the above named child. ELP is insured with Church Mutual Insurance Company, 3000 Schuster Lane, PO Box 357, Merrill, WI 54452-0357.

I hereby authorize for my child _____ that any physician, member of the Department of Emergency Medicine of Inova Fairfax Hospital or Reston Hospital Center, and/or any member of the medical staff of the above-mentioned hospitals requested by the Department of Emergency Medicine Physicians, is permitted to render any medical treatment, which in his/her judgment may be deemed necessary in the care of my child.

Child's diagnosed allergies _____

Additional paperwork may be required from your child's physician, including, but not limited to a FARE plan.

Action required None Epi-Pen Other _____

ELP only administers Epi-pens. All other medications must be given at home.

Child's Physician _____ Phone _____

Medication/Treatment child takes regularly _____

Date of last tetanus shot _____

Pertinent developmental/chronic physical information
(premature birth, health concerns, vision, ADHD, etc.) _____

Outstanding medical history (asthma, diabetes, seizures, etc.) _____

Developmental services/supplemental learning services your child has or is receiving: _____

Insurance Information

Insurance Company _____ ID/Group/Policy Number _____

Insurance Company Address _____ Insurance Company Telephone _____

Subscriber's Name _____ Employer _____

Subscriber's Date of Birth _____ Relationship to Student _____

→ Parent/Guardian Signature

→ Date

Emmanuel Lutheran Preschool
PARENT WAIVER OF LIABILITY DURING PANDEMIC

Student: _____

In the event of a pandemic, flu, or other serious health outbreak, ELP follows guidelines as set out by the Commonwealth of Virginia, the Fairfax County Health Department, and the Fairfax County Public School's response plan. As a general rule, there will be no make-up for class time lost due to illness or pandemic closures.

- To enter the preschool, my child must be free from COVID-19 or flu symptoms. If, during the day, any of the following symptoms appear, you or your emergency contact(s) will be contacted, and your child **MUST** be picked up within 20 minutes of being notified. Symptoms include fever of 100.4 degrees Fahrenheit or higher, dry cough, shortness of breath, chills, sore throat, diarrhea, and loss of taste or smell. Your child will need to be symptom-free without any medications for 24 hours and able to fully participate at school before returning.

- My child will be required to wash their hands using the CDC recommended handwashing procedures (with a teacher's help if needed) throughout the day using warm running water and rubbing with soap for at least 20 seconds.

- While in attendance at preschool each day, my child will be in contact with people who are at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by people who are asymptomatic and/or before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

- I understand that by signing this Waiver I am knowingly and voluntarily waiving my right to hold Emmanuel Lutheran Church, Inc., its Council and Officers, or Emmanuel Lutheran Preschool, the Preschool Advisory Team, nor its Staff accountable for any illness or injury to my child or our family as a result of exposure at their facility at 2589 Chain Bridge Road, Vienna, VA 22181.

I certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Emmanuel Lutheran Preschool will result in termination of services. I acknowledge that attendance at school for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

→ Parent/Guardian Signature

→ Date