



-Office Use Only-
Date Rcd: _____
Invoiced: ____/____/____
Start Date ____/____/____

## New Student Admission Application 2026-2027

**Student's Full Name:** \_\_\_\_\_  Boy  Girl

Written name to be used at preschool

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

**Primary Home/ Mailing Address:** \_\_\_\_\_

Does your child reside with both parents?  Yes  No

**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 \_\_\_\_\_

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 style="text-align: center;"><b>Program Offerings</b></p> <p>Please choose the program for your child below. Admission to the school continues until December 2027. Admission after December 2007 is at the discretion of the Director.</p>	<p style="text-align: center;"><b>Admission Fees</b></p> <p>The Admission Fees are paid for all students. The Registration Fee, Activity Fee, and Tuition Deposit are non-refundable and non-transferable (to another month or sibling) and are due at time of application submission.</p>
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<p><b>2-Year-Old Program</b> (Must be 24 months at enrollment)</p> <p><input type="checkbox"/> 3-Day Class: Tuesday/Wednesday/Thursday (\$400)</p> <p><input type="checkbox"/> 4-Day Class: Tuesday-Friday (\$530)</p> <p><b>3-Year- Old Program</b> (Must be three years old by 11/30/26)</p> <p><input type="checkbox"/> 3-Day Class: Tuesday/Wednesday/Thursday (\$395)</p> <p><input type="checkbox"/> 4-Day Class: Tuesday-Friday (\$525) – <b>FULL WAITLIST</b></p> <p><input type="checkbox"/> 5-Day Class: Monday-Friday (\$655) – <b>FULL WAITLIST</b></p> <p><b>4s/Pre-K Program</b> (Must be four years old by 11/30/26)</p> <p><input type="checkbox"/> 4-Day Class: Tuesday-Friday (\$525)</p> <p><input type="checkbox"/> 5-Day Class: Monday-Friday (\$655)</p>	<p style="text-align: center;"><b>Admission Fees – New Students</b></p> <p><b>*All Fees due at time of Application submission- Paid through Brightwheel</b></p> <p><input type="checkbox"/> Registration Fee*- \$100 (Sibling \$90)</p> <p><input type="checkbox"/> Activity Fee- \$100</p> <p><input type="checkbox"/> Tuition Deposit</p> <p style="background-color: yellow;"><b>PLEASE NOTE:</b></p> <p><b>No cash/checks are accepted. All fees are paid through Brightwheel. An invitation to join Brightwheel will be sent to you upon acceptance of your child's Admissions Application.</b></p>
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**PLEASE PROVIDE ALL INFORMATION IN ITS ENTIRETY, INCLUDING REQUESTED SUPPORTING DOCUMENTS FOR YOUR APPLICATION TO BE CONSIDERED.**

**DO NOT leave any sections blank 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: \_\_\_\_\_

**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 filled out completely 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) – **Due by August 1, 2026**
- Physician-signed FARE (or equivalent form) for diagnosed allergy (if applicable) – **Due by August 1, 2026**  
\*For 1<sup>st</sup> time applicants only (Updated health forms accepted at any time during the school year)

## Acknowledgement of Financial Commitment

Upon submission of your Application, if accepted, new families will be charged all admission fees. These fees include the Registration fee, Activity Fee, and Tuition deposit. Current families attending ELP will be charged the Registration Fee at the time of Application submission. The Activity Fee and Tuition Deposit will be due May 1, 2025.

**Without exception, for any reason, your paid Admission Fees (Registration Fee, Activity Fee, and Tuition deposit) are non-refundable and non-transferable (to another month or sibling).**

### How are payments collected and when are they due?

ELP uses Brightwheel, an education software platform that includes remitting tuition payments online. Annual tuition is divided into 8 equal installments that are due at the beginning of each month, September 1<sup>st</sup> - April 1<sup>st</sup>. Tuition is not based on the number of class days in a month. If your child begins school partway through a month, your tuition for that beginning month will be prorated.

You will be emailed a Brightwheel invoice 5 days before payment is due.

### What if we travel for an extended time?

If you will be traveling for an extended time, tuition payments continue to the school. 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 a new registration fee and tuition deposit.

### What if we have to withdraw from the program?

Should you need to withdraw your child from ELP, you will provide the ELP office with a **30-day written notice** prior to the last day of attendance. **Without exception, for any reason, your paid Admission Fees (Registration Fee, Activity Fee, and Tuition Deposit) are non-refundable and non-transferable (to another sibling or student). There is no refund of the tuition already paid.** The remaining monthly tuition payments will not be charged after your child's last month of attendance.

### What if my tuition payment is late?

Tuition received after the 6<sup>th</sup> of the month will be deemed late and will incur a \$40 late fee. Tuition received after the 10<sup>th</sup> 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 15<sup>th</sup> including all late fees after the second occurrence, we may dismiss your child from the program.

**I have read and acknowledge the fee schedule and total financial commitment for the 2026-2027 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 \_\_\_\_\_

## Class List Permission

I give permission to share my email/cell phone information with other parents in my class. I understand the information is not to be shared outside of the class. **Please Check:**  **YES, please share my contact information**

**NO, do not share my contact information**

→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 Time/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 your child is sick with a contagious/communicable illness as required by Virginia State Licensing. Please see page 13 of the Parent Handbook for Health Policy.

→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, 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. No refund of the tuition already paid, the application fee, or activity fee will be provided.

→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.

**These contacts cannot be left blank. If needed, we will assign you contacts from your child's class.**

<b>Emergency Contact #1</b>	<b>Emergency Contact #2</b>
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 and the emergency contacts provided above) 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

\*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 will 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.

**\*If this section is not applicable, please list N/A in the boxes below.**

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**

## 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.

## Medical Information

Child's diagnosed allergies (if applicable or write N.A.) \_\_\_\_\_

*\*Additional paperwork may be required from your child's physician, including, but not limited to a FARE Plan & Authorization Form.\**

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 (i.e. speech, behavioral, or occupational therapies, FCPS Early Childhood Identification, etc.) \_\_\_\_\_

## Educational/Daycare/Class Information

Current/previous schools your child has attended \_\_\_\_\_

Current/previous daycares your child attended \_\_\_\_\_

Current/previous classes/programs your child has attended (i.e. swimming, soccer, gymnastics, music, ballet etc.) \_\_\_\_\_

## 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

**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 illness and be able to fully participate in the school day. 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 vomiting. Your child will need to be symptom-free without any medications for 24 hours and able to fully participate in 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.
- 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 a contagious or communicable disease.

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→ Parent/Guardian Signature

→ Date