



# APPLICATION FOR 2010 - 2011 SCHOOL YEAR

7610 Newcastle Drive, Annandale, Virginia 22003  
(703) 941-9791 • www.sleepyhollowpreschool.com

**WE LEARN THROUGH PLAY**

*Sleepy Hollow Preschool does not discriminate on the basis of race, color, differing abilities, national or ethnic origin, gender or creed in the administration of its educational policies, admission policies, scholarship or other school programs.*

## APPLICANT INFORMATION

Child's Last Name,	First Name	M.I.	Nickname	Gender	Birth Date
				( )	/ /
Home Address				Home Phone	
City	State	Zip Code	Subdivision or Elementary School		

## PARENTS/GUARDIAN

*If waitlisted, contact may be necessary over the summer, on vacation, etc.*

(Father's Last Name, First Name) & home address if different from child's	Bus. Phone	Cell Phone
(Mother's Last Name, First Name) & home address if different from child's	Bus. Phone	Cell Phone

Best **email address** for correspondence: \_\_\_\_\_

## CLASS PLACEMENT

\*\* For individual concerns regarding class placement, contact the school office or Membership Chair *prior to April 15, 2010 to obtain written guidelines*. **DO NOT** indicate specific requests on this form.\*\*

**Class offerings:** Note your first & second choice, if applicable. Your child must be the appropriate age for the class on or **before September 30, 2010**.

**Membership category:** Please check category that best describes your **applicant**.

- 2-year olds, 2 days per week, T/W
- 2-year olds, 2 days per week, TH/F
- 3-year olds, 3 days per week, TH/F/M
- 3-year olds, 3 days per week, M/T/W
- 4-year olds, 4 days per week, T/W/TH/F

- Current SHPS student (class: \_\_\_\_\_)
- Sibling of SHPS alum (year: \_\_\_\_\_)
- Waitlist applicant from prior year \_\_\_\_\_
- Member of FPCA or FKPC
- New applicant

**Participation Preference:** \_\_\_\_\_ Co-op (*all 2's families must co-op*) \_\_\_\_\_ Non Co-op/Buyout (*limited availability*)

**\*\*Please note that while the first and second choice preferences of families are taken into consideration during the creation of classroom communities, the school does not guarantee them. Classroom communities are carefully created based on multiple factors to ensure that the needs of all children are met to the fullest extent possible. If your family is unable to participate in the program excepting certain days, please provide a brief written explanation of your circumstances in the space provided.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to best meet your child's needs, please respond to the following questions. All answers are kept confidential.

1. Is English the primary language for your family? \_\_\_\_\_ If not, what is the language spoken at home? \_\_\_\_\_
2. As required by state law, list any previous or current child-care/school experiences your child has had. Please include location (city/state). \_\_\_\_\_  
\_\_\_\_\_
3. Is your child receiving any professional special services, such as a speech therapy, occupational therapy, physical therapy, or county home resource services? \_\_\_\_\_
4. If yes, please list \_\_\_\_\_  
\_\_\_\_\_
5. **SHPS is a nut-free, peanut-free and fragrance-free environment.** Please list any diagnosed food or environmental allergy that your child may have.  
\_\_\_\_\_
6. How did you learn of Sleepy Hollow Preschool? *This information helps us to improve how we reach out to new members. Please be as specific as possible.*  
Word of Mouth (who or where) \_\_\_\_\_ Internet Search \_\_\_\_\_  
Publication \_\_\_\_\_ Parent group/club/organization \_\_\_\_\_ Listserve \_\_\_\_\_  
Attend FPCA or FKPC \_\_\_\_\_ Other \_\_\_\_\_

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### PARENT AGREEMENT STATEMENT

I have read the application for enrollment and understand the following:

1. The \$75.00 Application Fee is **non-refundable**.
2. At a later time, if we are offered a space at SHPS, I/we will receive Registration Forms. When the forms are submitted, I/we will be required to pay a Tuition Advance equal to one-tenth of the yearly tuition payment plus the Annual Special Fee. If the Tuition Advance and Special Fee payments do not accompany the Registration forms by the stated due date, my child's name will be removed from the class list. The first child on the Wait List will be entitled to fill the opening.
3. Withdrawal and Refund Policy:
  - If withdrawal occurs prior to the first day of school, members **must** give written notice by August 1, 2010 to the Membership Chairperson to receive a full refund of the Tuition Advance and the Special Fee. If withdrawal occurs after August 1, 2010, but before the start of school, no Tuition Advance will be refunded. However, all of the Special Fee will be refunded.
  - Members must give written notice of withdrawal to the Membership Chairperson **at least 30 days prior to its effective date**, in which case all of the Tuition Advance and 50% of the Special Fee will be refunded assuming family is current on tuition payments. If the child is withdrawn **after** January 1, 2011, no portion of the Special Fee will be refunded.
  - If withdrawal occurs **after** April 1, 2011 no portion of the Tuition Advance or Special Fee will be refunded, regardless of notice.

### SIGNATURE

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent name (printed): \_\_\_\_\_

Please make the \$75.00 check payable to Sleepy Hollow Preschool, Inc.  
Mail to: Sleepy Hollow Preschool, 7610 Newcastle Drive, Annandale, VA 22003, Attention: Membership  
Or place the application and the application fee in the Membership box in the school office.

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Official Use Only

FEES: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Rec'd by \_\_\_\_\_ Wait List \_\_\_\_\_