



## Preschool & School Age Child Care Application for Admission

*Confidential*

Application for the School Year which begins in the Fall of: \_\_\_\_\_

Student Name \_\_\_\_\_ Male / Female  
(Last) (First) (Middle)

Nickname \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Address \_\_\_\_\_

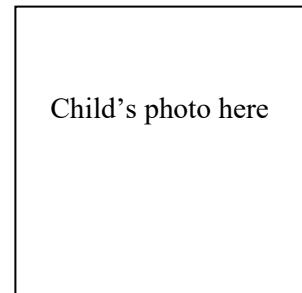
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Elementary School Attending and Grade Entering (if applying for SACC) \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

### OFFICE USE ONLY

- Completed Application and Student Schedule Request
- Non-refundable Application Fee
- Student School Visit - Date Completed: \_\_\_\_\_
- Identity Verification



### Identity Verification

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof			

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. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center transfers responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Verified By: \_\_\_\_\_ Date \_\_\_\_\_

**Village Green Day School's open admission and hiring policies do not discriminate on the basis of race, sex, ethnic origin, or similar factors. Applicants of all races and creeds are welcomed at Village Green Day School.**

Great Falls  
 790 Walker Road, PO Box 245  
 Great Falls, Virginia 22066  
 703-759-4049  
 703-759-6686 Fax  
[www.vgdsva.com](http://www.vgdsva.com)

## Family Data

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Mother's Name (Dr./Ms./Mrs./Other) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(if different than student)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's special interests or talents \_\_\_\_\_

Father's Name (Dr./Mr./Other) \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(if different than student)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's special interests or talents \_\_\_\_\_

Sibling Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ M / F Age \_\_\_\_\_

Are there other individuals/non-siblings living in the home? Yes  No  If yes, please list below:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Is your child adopted? Yes  No  If yes, have you shared this information with your child? Yes  No

Which language is the primary language used at home? \_\_\_\_\_ What other languages does your child understand? \_\_\_\_\_ and speak? \_\_\_\_\_.

Parental status: (Mother) Married  Single  Separated  Divorced  Widowed

(Father) Married  Single  Separated  Divorced  Widowed

Date of separation and/or divorce \_\_\_\_\_

Does your child live with both parents? Yes  No  With whom does the child live? \_\_\_\_\_

## Admission Data

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Why are you applying to Village Green Day School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What goals & expectations do you hold for your child's experience at Village Green Day School? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ***Prior School and/or Child Care Experience***

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Has your child had any prior school or child care experience (may include Sunday School/Mother's Day Out, etc.)?

Yes  No

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate if we may contact this school/provider. Release to Contact Yes  No

Please describe the program your child attended and his/her experience \_\_\_\_\_

Other than formal childcare or preschool experiences, has your child had the opportunity to be cared for by adults other than members of the family? Yes  No  If yes, relation to child \_\_\_\_\_

What strategies do you use for easing separation? \_\_\_\_\_

## ***Medical/Dietary Restrictions/Allergies***

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Does your child have any food allergies or medical or dietary restrictions the teachers should be aware of (may include epi-pen allergy, medical alert, vegetarian, dairy free diet, etc.)?

Yes  No  If yes, please explain: \_\_\_\_\_

## ***Physiological / Behavioral / Developmental Observations***

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Does your child have difficulty in any of these areas and/or has your child had an evaluation in any of these areas? **If so, please attach all evaluations and progress reports.**

Speech/Language  Vision  Hearing  General Behavior

Motor Skills/Sensory Skills  Social Behavior/Play Skills  Cognitive Development  Other

Explain \_\_\_\_\_

Is your child undergoing any treatment or therapy to address these or other issues? Yes  No  If yes, list all treatment providers (name, address, phone number); you may attach a separate page if necessary \_\_\_\_\_

Please indicate if we may contact these providers. Release to Contact Yes  No

If no, please explain \_\_\_\_\_

Describe any aspect of your child's physical, social, behavioral, or emotional functioning that may impact his/her behavior at school \_\_\_\_\_

## ***Personality and Interests***

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While at home, does your child play with other children his or her own age? Yes  No

Is there a potential problem if your child is placed in a class with a friend with whom he or she usually plays? Yes  No

If yes, name of friend \_\_\_\_\_

What toys and activities does your child most enjoy? \_\_\_\_\_

What responsibilities does your child have in the home? \_\_\_\_\_

Does your child have a pet? Yes  No  Type of pet \_\_\_\_\_ Pet's name \_\_\_\_\_

What is your child's favorite book or story? \_\_\_\_\_

Child's strengths, talents, highlights \_\_\_\_\_

Child's difficulties, irritations, areas of concern \_\_\_\_\_

What frustrates your child? \_\_\_\_\_

Does your child have any fears that may impact him/her during the school day? Yes  No  Please explain \_\_\_\_\_

How is your child disciplined at home? \_\_\_\_\_

What helps your child calm down when he or she is upset? \_\_\_\_\_

Is your child toilet trained? Yes  No  In the process of  In pull-ups

Is there any additional information that will help us to ensure a smooth transition from home to school? \_\_\_\_\_

Remarks from family \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Failure to disclose all or any information requested in this application will automatically void this application.**