



# Winnie-the-Pooh Preschool

## Enrollment Application

### 2010-2011

**For more information about our Cooperative environment, please visit [www.wtpp.org](http://www.wtpp.org)**

06/09
Class: _____
App #: _____
Committee: _____
CO-OP                      NON CO-OP
Check number _____
WTPP Use only

**APPLICATION FOR:**    \_\_\_ Returning Student (2008-2009)    \_\_\_ Alumni /Mt. Hope Member    \_\_\_ New Student

- \_\_\_ (2 years of age by March 31) **Honeybees 2 Day** (Tuesday, Thursday **AM only**) **Webb**
- \_\_\_ (3 years of age by September 30) **Junior 2 Day** (Tuesday, Thursday **AM only**) **Geier, Smith**
- \_\_\_ (3 years of age by September 30) **Junior 2 Day** (Tuesday, Thursday **PM only**) **Webb**
- \_\_\_ (3 years of age by September 30) **Junior 3 Day** (Monday, Wednesday, Friday **AM only**) **Webb**
- \_\_\_ (3 years of age by September 30) **Junior 3 Day** (Monday, Tuesday, Wednesday **PM only**) **Smith**
- \_\_\_ (4 years of age by September 30) **Senior 3 Day** (Monday, Wednesday, Friday **AM only**) **Geier, Smith**
- \_\_\_ (4 years of age by September 30) **Senior 3 Day** (Monday, Wednesday, Friday **PM only**) **Webb**
- \_\_\_ (5 years of age by December 31) **Pre-K 4 Day** (Monday, Tuesday, Wednesday, Thursday **PM only**) **Geier**

\_\_\_ CO-OP    \_\_\_ Non CO-OP\*

\* NON CO-OP members pay an extra monthly fee, exempting them from participating in the classroom. Only one non co-op position is available per classroom.

**Prioritize your first three choices:**

**Morning** (9:00-11:40 am, Honeybees 9:00-11:00 am)    \_\_\_ Geier                      \_\_\_ Webb                      \_\_\_ Smith  
**Afternoon** (12:30 – 3:10 pm)                      \_\_\_ Geier                      \_\_\_ Webb                      \_\_\_ Smith

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
(Last)    (First)    (MI)    (Nickname)

Date of Birth: \_\_\_\_\_ Gender: **M**    **F**    Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (E-mail address) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother \_\_\_\_\_  
(Name)    (Place Employed)    (Work Phone)    (Cell Phone)

(Home Address, if different from child's above)

Father: \_\_\_\_\_  
(Name)    (Place Employed)    (Work Phone)    (Cell Phone)

(Home Address, if different from child's above)

**Person(s) or Agency Having Legal Custody of Child**

(If other than parents):

\_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Person(s) authorized to pick up child:** \_\_\_\_\_

**Person(s) NOT authorized to pick up child:** \_\_\_\_\_

If person is not authorized to pick up child then 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 non-custodial parent of a student enrolled in a public school or daycare center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or daycare activities.”

**MEDICAL INFORMATION:**

Does your child have any allergies to food? **NO YES** (Please specify) \_\_\_\_\_

Does your child have any allergies to medicines? **NO YES** (Please specify) \_\_\_\_\_

Child’s Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Insurance Carrier: \_\_\_\_\_ Subscriber: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does your child have an IEP or Special Needs? **NO YES** (Please specify) \_\_\_\_\_

Chronic Physical Problems & Pertinent Developmental Information:  
 \_\_\_\_\_  
 \_\_\_\_\_

Specify severe allergies/conditions requiring immediate dispensing of medicine:  
 \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS SCHOOL EXPERIENCE:**

Please include information for all schools/daycares the child has attended in the spaces provided. If this is the child’s first school/daycare experience, please indicate.

Name	Address	Phone Number

**MISCELLANEOUS:**

How did you hear about Winnie-the-Pooh? \_\_\_\_\_  
 (Please include name of source, newspaper, search engine or website)

Are you a WTP alumni? **NO YES** Alumni name & year attended: \_\_\_\_\_

Names & ages of other children in the family: \_\_\_\_\_

Does the child/family have a pet? **NO YES**

Does the child speak any languages in addition to English? **NO YES** What language? \_\_\_\_\_

Child’s favorite activities & interests: \_\_\_\_\_

**COMMITTEE PARTICIPATION:**

One parent/guardian of each family will be assigned to a committee. Please indicate AT LEAST your first three committee choices below, in order of preference. (Please consult “Committee Descriptions” on the website.) **PLEASE NOTE:** Although every effort is made to place you on one of your first three choices, this is not always possible.

- \_\_\_ Activities/Room Parent
- \_\_\_ Historian
- \_\_\_ Newsletter
- \_\_\_ Events

- \_\_\_ Staff Support/Hospitality
- \_\_\_ Information Technologies
- \_\_\_ Membership

- \_\_\_ Fundraising
- \_\_\_ Maintenance
- \_\_\_ Grants/Special Projects

Would you be willing to serve as a Committee Chairperson? This means that you would be a voting member of the Executive Board and be required to attend monthly Board meetings. **YES NO**

Mother's talents, occupation, and/or former occupation: \_\_\_\_\_  
Father's talents, occupation, and/or former occupation: \_\_\_\_\_

**PARTICIPATING PARENT INFORMATION:**

Complete for each parent participating in the classroom. A valid TB test will be required for each family member assisting in the classroom.

Participating Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participating Parent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person to contact in the event the participating parent is involved in an emergency:

\_\_\_\_\_  
(Name) (Address) (Phone)

Are there any health problems (i.e., complicated or late term pregnancy, chronic back problems, etc.) which may interfere with you fulfilling the responsibilities of a participating parent? **NO YES**

**AGREEMENTS:**

1. The parent/guardian gives authorization for the child to participate on field trips.
2. Winnie-the-Pooh Preschool agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
3. The parent/guardian authorizes Winnie-the-Pooh Preschool to obtain immediate medical care if any emergency occurs when they cannot be located immediately.
4. The application fee collected with this application and the registration/insurance fee due immediately upon acceptance are non-refundable.
5. The parent/guardian agrees to return the child's medical record form & parental TB results (for participating parents) prior to the first day of school. The parent/guardian agrees to submit May tuition by the due date given and thereafter by the first day of the months of September through April, inclusively. All payments must be mailed to the following: **WTTP, PO Box 387, Ashburn VA 20146-0387.**
6. The parent/guardian agrees to abide by the Handbook and By-laws of Winnie-the-Pooh Preschool. All members will serve on a committee, participate in the classroom, drive on field trips & agree to attend three General Membership meetings. NON CO-OP members pay an extra monthly fee, exempting them from participating in the classroom.
7. The parent/guardian gives permission for their records to be maintained with the child's records.

**SIGNATURES**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

**We are unable to process your application without the \$45 non-refundable application fee\*.**

**\*Fee subject to change.**

**Mail the completed application with the non-refundable application fee to:**

**Winnie-the-Pooh Preschool  
P.O. Box 387  
Ashburn, VA 20146-0387**