



Winnie-the-Pooh Preschool

Enrollment Application

2011-2012

"An Education Tradition Since 1969"
www.wtpp.org

Class: _____

App #: _____

Check number _____
WTPP Use only

APPLICATION FOR: _____ Returning Student (2010-2011) _____ Alumni /Mt. Hope Member _____ New Student

<p><u>HoneyBees</u> (2 years of age by March 31st)</p> <p><input type="checkbox"/> Tuesday/Thursday 12:30 – 2:30pm</p> <p><u>Juniors</u> (3 years of age by September 30th)</p> <p><input type="checkbox"/> Tuesday/Thursday 9:00 – 11:45am</p> <p><input type="checkbox"/> Monday/Wednesday/Friday 12:30 – 3:15pm</p>	<p><u>Seniors</u> (4 years of age by September 30th)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday 9:00 – 11:45am</p> <p><input type="checkbox"/> Mon/Tues/Wed/Thur/Fri 9:00 – 11:45am *Co-op is Mon-Thurs, no parent helper on Fri.</p> <p><input type="checkbox"/> Tues/Wed/Thur/Fri 12:30 – 3:15pm</p> <p><u>Pre-K</u> (5 years of age by December 31st)</p> <p><input type="checkbox"/> Mon/Tues/Wed/Thur 12:30 – 3:15pm</p>
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*For Junior & Senior classes, you may indicate a "1st", "2nd" and "3rd" choice if desired.

If you have any requests, including teacher preference and/or non co-op placement, please list here:

Student Name: _____
(Last) (First) (MI) (Nickname)

Date of Birth: _____ **Gender:** M F **Home Phone:** _____

Home Address: _____
(Street) (City) (State) (Zip Code)

E-mail: _____

Has your child previously attended any day cares and/or schools? **NO YES** (please list) _____

Is English your child's primary language? _____ If not, what is his/her primary language? _____

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

Chronic Physical Problems & Pertinent Developmental 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) _____

Specify any other medical conditions requiring immediate dispensing of medicine: _____

Mother: _____
(First Name) (Last Name) (Work Phone) (Cell Phone)

(Home Address, if different from child's)

Father: _____
(First Name) (Last Name) (Work Phone) (Cell Phone)

(Home Address, if different from child's)

Participating Parent(s)/Guardian(s) will be Mother Father Other _____

Person to contact in the event the participating parent/guardian 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**

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 ___Staff Support/Hospitality ___Fundraising
___Historian ___Information Technologies ___Maintenance
___Newsletter ___Membership ___Events

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**

AGREEMENTS

1. 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.
2. The parent/guardian authorizes Winnie-the-Pooh Preschool to obtain immediate medical care if any emergency occurs when they cannot be located immediately.
3. The application fee collected with this application and the registration/insurance fee due immediately upon acceptance are non-refundable.
4. 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.
5. 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, and agree to attend Parent Orientation and three General Membership meetings.
*Non CO-OP members pay an extra monthly fee, exempting them from participating in the classroom.
6. The parent/guardian gives permission for their records to be maintained with the child's records.

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE

**Mail the completed application with the \$45 non-refundable application fee to: Winnie-the-Pooh Preschool
42507 Mount Hope Rd.
Ashburn, VA 20148**