



SAINT KATHERINE GREEK ORTHODOX CHURCH
HELLENIC EDUCATION CENTER
PAIDEIA PRESCHOOL
2018-19 ENROLLMENT APPLICATION

Check here if enrolling a sibling

Student's Last Name:	First Name:	Nickname:	Date of Birth:	Sex:
Address:			Home Phone:	
Previous Day Care programs attended:		How did you find out about our school?		
Are you a steward of St. Katherine Greek Orthodox Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(You <u>must</u> be current as of the date your application is submitted in order to qualify for discounted tuition.)</i>				
Child's Baptismal name if baptized in the Greek Orthodox Church: _____				

PARENT(S)/GUARDIAN(S)

Father's name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
May we send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary E-mail Address:	Primary E-mail Address:
Mother's name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
May we send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary E-mail Address:	Secondary E-mail Address:
Person(s) or Agency Having Legal Custody of Child:		
Home Address:		Home Phone:
Business Address:		Business Phone:

MEDICAL AND EMERGENCY INFORMATION**

Allergies or Intolerance to food and/or medicine? (Please List)		
Is your child taking any medicine? (Please List)		
Outstanding Medical History (Diabetes, heart disease, etc.):		
Child's Physician:	Phone:	
Two People To Contact if Parent(s) Cannot Be Reached:		
1.	Address:	Phone:
2.	Address:	Phone:
Person(s) Authorized To Pick Up Child:		
Person(s) <u>NOT</u> Authorized To Pick Up Child:		

Please note:

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: 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 for events occurring during school or day care activities

**** If there is an objection to seeking emergency medical care, a statement must be obtained from the parent(s) or guardian(s) stating the objection and the reason for the objection.**

INSURANCE INFORMATION

Insurance Company: _____

Identification #: _____ Policy #: _____

Subscriber's Name: _____ Phone: _____

Subscriber's Place of Employment: _____

For Office Use Only:

Child's Name: _____ Applicant ____ / ____ Start Date: _____

Date Received: _____ Payment Received: _____ Check Number: _____ Credit Card or Cash _____

Stewardship Verified: YES/NO Uploaded to database Date: _____ Initials: _____

IDENTITY VERIFICATION

Place of Birth:	Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date _____

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), copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certificated copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends public school in Virginia and the center assumes 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.

**ENROLLMENT AGREEMENT BETWEEN
Parents or Legal Guardians (“Parents”) and Paideia Preschool**

By signing this Enrollment Agreement I/we affirm that I/we have read and understood this Agreement as well as the Parent Handbook, and agree to abide by all policies and procedures contained therein. Failure to follow school policies may result in your child’s dismissal from school.

I/we hereby agree to enroll my/our child, _____, DOB _____, in the Paideia Preschool. Please select your enrollment option below by initialing in the appropriate place:

Paideia Preschool 2018-2019 Tuition* and Fees

Initials	Age Group	Time	Steward	Non-Steward
	24-36 Months: Two Days (____/____)	9:00-12:30	\$425	\$546
	24-36 Months: Two Days (____/____)	7:00-6:00	\$526	\$704
	24-36 Months: Three Days (T/W/Th)	9:00-12:30	\$554	\$663
	24-36 Months: Three Days (T/W/Th)	9:00-3:30	\$701	\$867
	24-36 Months: Three Days (T/W/Th)	7:00-6:00	\$786	\$1,055
	24-36 Months: Five Days (Mon-Fri)	9:00-12:30	\$693	\$867
	24-36 Months: Five Days (Mon-Fri)	9:00-3:30	\$1,051	\$1198
	24-36 Months: Five Days (Mon-Fri)	7:00-6:00	\$1,315	\$1,594
	3-5 Years Old: Three Days (T/W/Th)	9:00-12:30	\$537	\$647
	3-5 Years Old: Three Days (T/W/Th)	9:00-3:30	\$684	\$840
	3-5 Years Old: Three Days (T/W/Th)	7:00-6:00	\$816	\$963
	3-5 Years Old: Five Days (Mon-Fri)	9:00-12:30	\$677	\$839
	3-5 Years Old: Five Days (Mon-Fri)	9:00-3:30	\$1,022	\$1,166
	3-5 Years Old: Five Days (Mon-Fri)	7:00-6:00	\$1250	\$1,626

* *Paideia Preschool is a year round program; you will incur 12 monthly payments. Initials: _____*

Additional Fees

Registration Fee	Annual Fee	\$300
Application Fee	Annual Fee	\$65
Drop In Fee	Daily	\$80
Before Care	7:00-9:00 AM	\$40 per day
After Care	3:30-4:30 PM	\$20 per day
After Care	3:30-6:00 PM	\$50 per day

Additional enrichment classes may be offered throughout the year. These classes may come at an additional cost not covered by the fees above. Should you choose to opt out of these classes, your child will participate in a planned activity by their teacher.

FINANCIAL

- I agree to pay the monthly tuition of \$_____ by the 15th of each month **for the coming month**. Tuition payments are non-refundable and will not be pro-rated. If you choose to keep your child out of school for a period of time, you will still be responsible for paying that month’s tuition. This is my/our responsibility and the office will not send a reminder. **Initials: _____**

2. If payment in full is not received when due, I agree to pay a **late fee of 15%** of my child's tuition. All late fees are subject to change with reasonable notice. We follow state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than two weeks, I may be asked to withdraw my child until my account is made current. Any unpaid tuition fees may be sent to a third-party collection agency, where I will be held accountable for all fees associated with third-party collection agency. **Initials:** _____
3. I/we agree to pay a Registration Fee of \$300 and an application fee of \$65, which is due at time of registration. Both fees are non-refundable, and are collected annually. These fees apply to ALL students, regardless of the month they begin at Paideia Preschool. **Initials:** _____
4. I/we agree returned checks will be assessed a processing fee of \$50. **Initials:** _____
5. Parents agree to make reasonable efforts to abide by the days and times listed above, allowing us to properly plan for day-to-day operational requirements. In the event the child(ren) are brought to school on days or at times not included in this agreement ("drop in"), an \$80 per day fee will be charged and monthly tuition will be adjusted on a pro-rated basis. Notwithstanding the foregoing, we reserve the right to refuse to accommodate "drop in" requests due to over capacity or insufficient staff. **Initials:** _____
6. I/we understand and agree that, while my child is enrolled, there is no reduction or refund of tuition for **ANY** time (days/weeks/months) missed due to illness, snow, vacation, holidays, withdrawal, etc. within any tuition period. There are NO make-up days. Weather related make-up days will only occur if Arlington Public Schools announces them. **Initials:** _____
7. I/we understand that tuition and other fees are reviewed periodically and I/we will be given thirty (30) day notice of any changes to the tuition or fees. See Parents Handbook for further details regarding fees. **Initials:** _____
8. I/we understand and agree that continued enrollment is contingent on prompt tuition payment. **Initials:** _____
9. Paideia is open from 7:30am to 6:00pm, Monday through Friday all year except for holidays and professional development days (these are listed in the Parents handbook). If I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 dollars per child every 15 minutes after closing until the child is picked up. I/we agree to pay "Late Pick Up" fees ***at the time of pick-up*** by check or cash. *We will wait with your child, but if late pick-up occurs more than three times, After Care services may be withheld.* **Initials:** _____

WITHDRAWAL

1. I/we understand that written notice, sent to the director, must be provided **one month** before withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for one month, whether or not my child attends. I understand that when my child is withdrawn he/she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new enrollment agreement at the current rate and pay all applicable non-refundable fees. If there is an outstanding balance when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees are non-refundable. **Initials:** _____
2. Paideia Preschool staff will make every effort to help my/our child adjust and change his/her behaviors, but equal effort needs to be given at home. I/we understand that a child may be dismissed from school if the child does not adjust to our program. Examples of this include: biting, kicking, grabbing other students by the neck, running away from the group, physical abuse towards children and adults, talking back to the teacher, etc. All children will be given a two-week adjustment period. If no improvement is shown after two weeks, the student will be suspended for one week. The student's behavior will be evaluated upon their return and if the misbehavior reoccurs, permanent dismissal may be necessary. If dismissal results, tuition is NOT refundable. **Initials:** _____
3. I/we understand that a child will be dismissed if a parent's language or actions are abusive towards the children and/or to staff. If dismissal results, tuition is NOT refundable. **Initials:** _____

HEALTH AND SAFETY

1. I/We **MUST** disclose any medical/developmental evaluation and provide all healthcare provider reports and/or evaluations to enable us to better meet the needs of my/our student. **Initials:** _____
2. I/we agree to walk my/our child(ren) into the classroom each morning and to ensure that teacher is present before I/we release my/our child(ren). I/we agree that the child(ren) will be “signed in” upon arrival and “signed out” upon departure each day. **Initials:** _____
3. I/we agree that no medication will be sent to school. The teachers are certified in first aid and CPR, but do not have the certification required to dispense medicine. I/we understand that if my/our child is taking any medicine a family member will come to school to give the medicine. **Initials:** _____
4. I/we understand and agree to have my/our child(ren) picked up within **one hour** of notification that my/our child(ren) have become ill or hurt. This also applies to children who display behavior not conducive to learning or hurtful towards other students and teachers. **Initials:** _____
5. I/we agree to inform Paideia Preschool within 24 hours or the next business day after my/our child(ren), or any member of the immediate household has developed a reportable communicable disease as defined by the State Board of Health, except for life threatening diseases, which I/we agree to report immediately. **Initials:** _____
6. I/we agree that my/our child(ren) may not attend school with any illness that threatens the health of other children or staff, or that prevents their participation in their classroom’s routine. I/we understand and agree that the Health Department regulations governing periods of infection will be enforced and I/we agree to abide by all illness policies set forth in a written notice or in the Parent Handbook. Specifically, I/we agree that our child(ren) may not attend school if my/our child(ren) is/are vomiting, has/have diarrhea or a fever of 100 degrees either alone or in combination with other symptoms including a sore throat. **Initials:** _____
7. I/we agree that our child(ren) will obtain all age-appropriate immunizations as required by the Virginia Department of Health Services prior to starting school. The completed health form and current immunization record sheet **MUST** be submitted prior to first day of school. **Initials:** _____
8. I/we understand that my/our child(ren) will be released only to authorized individuals. No child will be released to anyone whose name is not on file. Only parents/guardians identified below are authorized pick up unless additional names are provided in writing. **Initials:** _____
9. We make every effort to keep all children safe, however, accidents sometimes happen. I/we for myself/ourselves and on behalf of my/our child(ren), hereby release and discharge Paideia Preschool, its partners, agents, employees and affiliates (“Released Parties”) from all claims, demands, damages, actions, causes of actions, suits, judgments and executions whatsoever, in law or equity, which I/we, the child(ren), our heirs, executors, assigns or administrators ever had, now has, or may have, or claim to have, against the Released Parties by reason of my/our child(ren)’s attendance at Paideia Preschool I/we agree, for myself/ourselves, my/our child(ren) and any other claimant that the Released Parties will not be liable and no claims will be made against the Released Parties if my/our child(ren) should suffer personal injury or death as a result of my/our child(ren)’s attendance at Paideia Preschool. **Initials:** _____
10. I/we authorize Paideia Preschool staff to obtain immediate medical care for my/our child(ren) if any emergency occurs or if I/we cannot be contacted immediately. **Initials:** _____
11. I/we authorize Paideia Preschool to use photos and other recordings of my/our child(ren) for training and professional development and for promotional purposes. **Initials:** _____
12. I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact or instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school. **Initials:** _____

STATE LICENSING AND OUR POLICIES

1. I understand that the above is not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state & county child care regulations, the Family Handbook, and all other company policies, which may be modified at any time without notice. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations. **Initials:** _____
2. I have received a copy of the Parents Handbook. I have read and understand its contents and policies and agree to be bound by the same. **Initials:** _____
3. I agree to inform the center within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately. **Initials:** _____
4. I understand if there is an objection to seeking emergency medical care, a statement should be obtained from me stating the objection and the reason for the objection. **Initials:** _____
5. I understand that 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 unless a court order has been issued to the contrary, the on-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities. **Initials:** _____
6. No terms of this agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revision, modification or deletions of any term of this agreement are null and void. **Initials:** _____

Paideia Preschool does not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided hereunder, is available from the director.

I/we have read and agree to abide by the terms and conditions of the Hellenic Education Center Parent's Handbook and this Enrollment Agreement. I/we understand that Paideia Preschool reserves the right to change existing policies or introduce new policies immediately upon written notice.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Parents Handbook. The policies in this contract will supersede all other previous documents. By signing this page, I verify that I have provided accurate information on pages 1-7 of this document in its entirety. If any of the information is to change, I will notify Paideia Preschool immediately.

Parent/Guardian Name _____ Date: _____
(Printed) *(Signature)*

Parent/Guardian Name _____ Date: _____
(Printed) *(Signature)*

Director Signature _____ Date: _____

Child's History

Name: _____

Every child is special and unique. Please help us get to know your child and family by filling out this questionnaire. Our goal is to provide a loving environment to meet the needs of your child.

Please list all members of your family, including pets:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____
5. _____ Relationship: _____
6. _____ Relationship: _____

Child and family favorite activities: _____

Generally, how would you describe your child?

1. Physically: _____
2. Socially: _____
3. Emotionally: _____
4. Intellectually: _____

Does your child have any special interests: (Please circle)

Singing Painting Stories Sports Pets Dancing Other: _____

Are there particular areas in which your child needs special encouragement and support?

Has your child been in day care, school or another peer group before? Yes No

Name: _____ Type: _____

Length of attendance: _____ Experience: _____

Does your child take a nap? Yes No

Is your child toilet trained? Yes No

If yes, please indicate any words used. _____

Please list any foods your child may not or cannot eat (due to allergies, religion or customs, etc.):

Is there anything that frightens your child? _____

Is there anything else that you think we should know to help us understand your child?

What languages, other than English, do you speak regularly at home? _____

Is Greek spoken at home? Who speaks Greek with the child? _____

Our school is a nut-free facility. Tree nuts and peanuts are not allowed due to severe allergies. Thank you for being understanding.