

Registration Fee Received _____

Acceptance Notification _____

Christ Lutheran Preschool

3810 Meredith Drive
Fairfax, Virginia 22030
703-273-4094

preschool@fairfaxchristlutheran.org

APPLICATION FOR ADMISSION (2021-2022)

CHILD'S NAME _____

NICKNAME _____

HOME ADDRESS _____ TELEPHONE _____

_____ ZIP _____ CELL PHONE _____

HOUSEHOLD E-MAIL _____

BIRTH DATE _____ SEX M _____ F _____

AGE AS OF SEPTEMBER 30 THIS YEAR _____

CHURCH AFFILIATION _____

PARENTS _____

(FATHER)

(MOTHER)

FATHER'S OCCUPATION _____

BUSINESS _____ TELEPHONE _____

MOTHER'S OCCUPATION _____

BUSINESS _____ TELEPHONE _____

IF PARENTS CANNOT BE REACHED DURING SCHOOL HOURS, PERSON TO BE CALLED
IN AN EMERGENCY:

NAME _____ TELEPHONE _____

RELATIONSHIP TO CHILD _____

CLASS CHILD IS TO BE ENROLLED IN:

_____ TWO-YEAR-OLD (TTh a.m.) _____ TWO-YEAR-OLD (MWF a.m.)

_____ THREE-YEAR-OLD (WF a.m.) _____ THREE-YEAR-OLD (MWF a.m.)

_____ FOUR-YEAR-OLD (MTWThF a.m.) _____ FOUR-YEAR-OLD (MWF a.m.)

NOTE: A non-refundable registration fee of \$100.00 (\$103.00 if paid online) must accompany the request for admission. The September 2021 tuition is due by June 1st. After June 1st the September tuition is due when the child registers. The medical forms are due by September 1st.

DATE: _____

(Parents' Signatures)