



**2024-2025**

## APPLICATION PROCESS FOR DOLLEY MADISON PRESCHOOL

- 1) A tour is scheduled with parent(s) and potential student(s).
- 2) An application will be provided at the time of the tour, or can be mailed in advance, if requested.
- 3) A **non-refundable \$150.00 registration fee** per family is due when placement is offered and accepted.
- 4) Your child's enrollment IS CONFIRMED upon receipt of their deposit, which will be applied to your child's May 2025 tuition. **This deposit is due no later than one week after enrollment is offered.** Subsequent tuition payments will be due on the **first of each month, starting September 1, 2024.**
- 5) The registration fee and deposit are non-refundable.
- 6) Applications for the 2024-2025 are given to current students and their siblings in December. Current students and their siblings are given priority placement.
- 7) Children applying for preschool with Speech and Language therapy services are required to submit recent evaluations and/or progress reports with their application. If these reports are not available, please submit the application and note when the reports are expected to be available. Please direct all speech and language related questions to the Speech-Language Director, Sue Lyons, at 703-356-2833, or [suelyons@slcnv.org](mailto:suelyons@slcnv.org).
- 8) Children who attended a different preschool the previous year are required to submit latest progress report and/or a contact name and number.
- 9) **New Student placements** are based on the date your application is received.



## Dolley Madison Preschool 2024-2025 Placement Request

**Child's Name** \_\_\_\_\_

Please indicate which class your child will attend based on their age in 2024.

<b>CLASSES AND SCHEDULES FOR 2024-2025 SCHOOL YEAR</b>		
Mark with an <b>X</b>	Class by Age of Child	School Days and Hours by Class
<b>MORNING CLASS SCHEDULES</b>		
<b>9:00am – 12:00pm</b>		
	<b>Butterflies</b> <i>2 years by May 1</i>	Tues + Thurs
	<b>Honeybees</b> <i>3 years by December 1</i>	Mon + Wed + Fri
<b>9:00am – 1:00pm</b>		
	<b>Bunnies</b> <i>3 years by May 1</i>	M + T + W + Th + F (9am-1pm)
	<b>Fish</b> <i>4 years by November 1</i>	M + T + W + Th + F (9am-1pm)
<b>ALL-DAY CLASS SCHEDULES</b>		
	<b>Frogs</b> <i>4 years by September 1</i>	M + T + W + Th (9am-3pm) + F (9am-1pm)
	<b>Owls</b> <i>5 years by December 1</i>	M + T + W + Th (9am-3pm) + F (9am-1pm)

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

DATE SENT \_\_\_\_\_

IPC Member \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

S&L Referral \_\_\_\_\_

DM Sibling \_\_\_\_\_

DOLLEY MADISON PRESCHOOL  
 1125 Savile Lane  
 McLean, Virginia 22101  
 (703) 356-1351

**2024-2025**

**APPLICATION FOR ADMISSION**

- A non-refundable \$150.00 registration fee is due with your application. There is only one registration fee per family.
- The non-refundable deposit for the 2024-2025 school year is due no later than one week after placement is offered, **and will be applied to your child's May 2025 tuition.** This deposit CONFIRMS your child's enrollment.
- Tuition is a year-long obligation, which may be paid in-full at the beginning of the year, or is payable in eight (8) additional monthly installments, which will be due on the first of each month, starting September 1, 2024.

*Please complete all information or application will be returned back to you.*

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Sex \_\_\_ Birthdate \_\_\_\_\_ Age at start of school year \_\_\_\_\_

Home Address \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Occupation / Employer \_\_\_\_\_

E-mail address \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation / Employer \_\_\_\_\_

E-mail address \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Note: If parents have different home addresses, please provide both addresses and phone numbers. Please provide in the space below the name, address and phone numbers of the person(s) or agency having legal custody of the child, if applicable.

\_\_\_\_\_

Do both parents live with child? \_\_\_\_\_ If not, which parent is the primary caregiver? \_\_\_\_\_

Was child adopted? \_\_\_\_\_ Adoption date \_\_\_\_\_

Other children in the family (names, ages):

\_\_\_\_\_

How did you hear about Dolley Madison Preschool? \_\_\_\_\_

Has your child been in preschool before? \_\_\_\_\_ If so, please give the names of the other schools and the dates attended. \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Please include a copy of your child's Progress Report with this application.**

Is he or she currently attending another program? \_\_\_\_\_

If so, please give the name of the current program \_\_\_\_\_

What benefits do you think your child can derive from attending Dolley Madison Preschool this year? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Dolley Madison Preschool 2024-2025 Tuition: (please circle selection):**

Class and Number of Days Attending School per Week	Tuition for Preschool <u>ONLY</u>	Tuition for Preschool <u>WITH</u> Speech-Language Therapy (2x/week)  *Option for 3 <sup>rd</sup> SL Therapy session
<b>MORNING Programs:</b>		
<b>9:00am – 12:00pm</b>		
Butterflies Class   2-day program	\$475/month	\$975/month
Honeybees Class   3-day program	\$585/month	\$1,085/month
<b>9:00am – 1:00pm</b>		
Bunnies Class   5-day program	\$785/month	\$1,285/month
Fish Classes   5-day program		
<b>ALL-DAY Programs: Monday thru Thursday 9:00am – 3:00pm, Friday 9:00am – 1:00pm</b>		
Frogs Class   5-days, all-day program	\$1,250/month	\$1,750/month
Owls Class   5-days, all-day program	\$1,300/month	\$1,800/month

\*If you would like your child to receive three 30-minute sessions per week, rather than two, the cost is \$750 per month. Please discuss this option with your child's Speech Therapist.

**DEVELOPMENTAL HISTORY**

Which language(s) do you speak in your home? \_\_\_\_\_

Which language does your child use most comfortably? \_\_\_\_\_

Is your child potty-trained? \_\_\_ Yes \_\_\_ No

If no, please describe current efforts: \_\_\_\_\_

Does your child have any Speech-Language difficulties? \_\_\_\_\_

Do you have concerns about your child's social skills or play skills? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Does your child have opportunities to play with children other than siblings? \_\_\_\_\_

Is your child currently receiving Speech-Language services? \_\_\_\_\_ where? \_\_\_\_\_

Has your child ever received any type of therapy (Physical, Occupational, Speech-Language)? \_\_\_\_\_

**Sensory Motor Skills:**

Does your child have difficulty with any tasks that require sensory motor skills, such as:

1. Tactile/touch sensitivities? \_\_\_ Yes \_\_\_ No

If yes, please describe: \_\_\_\_\_

2. Gross motor delays? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

3. Fine motor delays? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

4. Attention/Focus/Concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any persistent problems at the present time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies or intolerance to food, medication, etc.: \_\_\_\_\_

Action to take in the event of an allergic reaction/emergency: \_\_\_\_\_

\_\_\_\_\_

*Please note that by law we are unable to administer emergency medication without existing written permission from child's physician. Parents must provide medication.*

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Names and addresses of two people to contact if parents cannot be reached. These people are also authorized to pick up child:

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

**Please note that all children enrolled at Dolley Madison must be in compliance and current with the childhood immunization schedule as set forth on the Commonwealth of Virginia School Entrance Health Form.**

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

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

\*Appropriate paperwork such as a divorce decree must be attached if a parent is not allowed to pick up a child.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

*Dolley Madison Preschool is a division of the Speech and Language Center of Northern Virginia, a not-for-profit organization that does not discriminate on the basis of race, color, or ethnic origin in the administration of its policies. Financial assistance may be available for families who qualify.*