

2019-2020

APPLICATION PROCEDURES FOR DOLLEY MADISON PRESCHOOL

- 1) Dated application and brochure are sent to parent(s).
- 2) School tour is scheduled upon parent request.
- 3) A \$125.00 registration fee per family is due when placement is offered and accepted.
- 4) Applications are given to current students and their siblings in December for the upcoming school year. Current students and their siblings are given priority placement.
- 5) Children applying for preschool with speech and language therapy services are required to submit recent evaluations and/or progress reports with the 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.
- 6) Your child's enrollment is confirmed upon receipt of a deposit which is the last month's tuition for the 2019-2020 school year. This deposit is due May 1, 2019. Subsequent tuition payments will be due on the **first of each month, starting September 1st**.
- 7) The registration fee and deposit are non-refundable.
- 8) New placements are made based on the date your application is received.

Dolley Madison Preschool Placement Request

Child's Name _____

Please indicate your three choices (ranked 1st, 2nd, 3rd) for class placement for your child for the 2019-2020 school year. Specify three configurations of days in order of preference for this class. We will try to accommodate requests if possible

MORNING OPTIONS	
Age of Child in September	9:00 - 12:00
2 1/2 year olds	Tues + Thurs
2 1/2 - younger 3 year olds <i>(need to be 3 by Dec 30th)</i>	Mon + Wed + Fri
Older 3 year olds <i>(need to be 3 and a half by Sept 30th)</i>	4 or 5 days (indicate 1st, 2nd, 3rd preference) M + T + W + Th ___ M + W + Th + F ___ M + T + Th + F ___ M + T + W + F ___ T + W + Th + F ___ M + T + W + Th + F ___
4 year olds	4 or 5 days (indicate 1st, 2nd, 3rd preference) M + T + W + Th ___ M + W + Th + F ___ M + T + Th + F ___ M + T + W + F ___ T + W + Th + F ___ M + T + W + Th + F ___
ALL DAY OPTIONS	
4 year olds	M + T + W + Th (9am-3pm) + F (9am-12noon)
Pre-K: <i>(need to be 5 by Dec 30th)</i>	M + T + W + Th (9am-3pm) + F (9am-12noon)
AFTERNOON OPTIONS	
Age of Child in September	12:30 - 3:00 pm
2 1/2 - younger 3 year olds	Please choose 3 or 4 days Monday ___ Tuesday ___ Wednesday ___ Thursday ___
4 year olds <i>(need to be 4 by Dec 30th)</i>	Please choose 3 or 4 days Monday ___ Tuesday ___ Wednesday ___ Thursday ___

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

**2019-2020
APPLICATION FOR ADMISSION**

Notes:

- A \$125.00 registration fee is due after your child has a CONFIRMED spot. There is one registration fee per family.
- The last month's tuition (deposit) for the 2019-2020 school year is due on May 1, 2019.
- The deposit and registration fee are non-refundable
- Tuition is a yearlong obligation. For your convenience, it is payable in nine monthly installments.

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 _____
 E-mail address _____
 Father's Name _____ Place Employed _____
 Business Phone _____
 Father's Cell Phone _____
 Mother's Name _____ Place Employed _____
 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):

Dolley Madison Preschool Tuition: (please circle program):

	AM Dolley Madison (9:00 am–12:00 pm)	AM Program With Speech-Language Therapy (twice per week) *Option for 3 rd SL Therapy session	PM Dolley Madison (12:30 pm–3:00 pm)	PM Program With Speech-Language Therapy (twice per week) *Option for 3 rd SL Therapy session
2 day program	\$370/month	\$750/month	\$300/month	\$680/month
3 day program	\$450/month	\$830/month	\$360/month	\$740/month
4 day program	\$500/month	\$880/month	\$390/month	\$770/month
5 day program	\$550/month	\$930/month	-----	-----
4 year old with am and pm option	\$920/month	\$1300/month		
Pre-K program 5 days am and 4 days pm	\$970/month	*\$1350month		

*If you would like your child to receive three 30 minute sessions per week, rather than two, the cost is \$570 per month. Please discuss this option with your child's Speech Therapist.

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. _____

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?

DEVELOPMENTAL HISTORY

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

Which language does your child use most comfortably? _____

Does your child have any speech & language difficulties? _____

Is your child currently receiving speech and 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 no, please describe: _____

Does your child play alone? _____ By choice? _____ By circumstance? _____

Problems? _____

Does your child seek other children his/her own age in the neighborhood? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

How is your child disciplined? Please check all appropriate blanks:

_____ Verbally _____ Isolated _____ Spanked _____ Privileges taken away

_____ Rewarded for modified behavior _____ Other (please specify: _____)

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 medication of any kind without existing written permission from child's physician.

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. A limited number of scholarships are available.