

## 2022-2023

### APPLICATION PROCESS FOR DOLLEY MADISON PRESCHOOL

- 1) A Tour is scheduled with parent(s) and potential student(s).
- 2) An application can be downloaded from our website ([www.dolleymadisonpreschool.org/admissions](http://www.dolleymadisonpreschool.org/admissions)), mailed by request or provided at the time of the tour.
- 3) A non-refundable \$125.00 registration fee per family is due when placement is offered and accepted.
- 4) Applications for the upcoming school year are given to current students and their siblings in December. 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) Children who attended a different preschool the previous year are required to submit latest progress report and/or a contact name and number.
- 7) Your child's enrollment is confirmed upon receipt of a non-refundable deposit, which will be applied to the tuition for May 2023. This deposit is due by May 20, 2022. Subsequent tuition payments will be due on the **first of each month, starting on September 1, 2022.**
- 8) New placements are made based on the date your application is received.

## Dolley Madison Preschool 2022-2023 Placement Request

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

Please indicate which class your child will attend based on their birth date. If the class has an option for number of days, please indicate your preference.

<b>CLASSES AND SCHEDULES FOR 2022-2023 SCHOOL YEAR</b>		
Mark with x	Class by Age of Child	School Days and Hours by Class
<b>MORNING CLASS SCHEDULES</b>		
<b>9:00am – 12:00pm</b>		
	<b>Ladybugs</b> <i>2 ½ years old by Nov 1, 2022</i>	Tues + Thurs
	<b>Bumble Bees</b> <i>3 years old by Jan 1, 2023</i>	Mon + Wed + Fri
<b>9:00am – 1:00pm</b>		
	<b>Pandas</b> <i>3 ½ years old by Oct 1, 2022</i>	5 days           — 4 days           — Circle your preferred opt out day M T W TR F
	<b>Dragonflies</b> <i>4 years old by Nov 1, 2022</i>	5 days           — 4 days           — Circle your preferred opt out day M T W TR F
<b>ALL-DAY CLASS SCHEDULES</b>		
	<b>Frogs</b> <i>4 years old by Sept 1, 2022</i>	M + T + W + Th (9am-3pm) + F (9am-1pm)
	<b>Owls PRE-K</b> <i>5 years old by Jan 1, 2023</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

**2022-2023**

**APPLICATION FOR ADMISSION**

- A non-refundable \$125.00 registration fee is due after your child has a CONFIRMED spot. There is only one registration fee per family.
- The non-refundable deposit for the 2022-2023 school year is due on May 20, 2022 and will be applied to the tuition for May 2023.
- Tuition is a year-long obligation, which may be paid in full at the beginning of the year or is payable in nine monthly installments on the 1<sup>st</sup> of each month of the school year.

*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 \_\_\_\_\_ Place Employed \_\_\_\_\_

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

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

Mother's Name \_\_\_\_\_ Place Employed \_\_\_\_\_

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 provide a copy of the Progress Report.

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 2022-2023 Tuition: (please circle selection):**

Class and Number of Days Attending School per Week	Tuition for Preschool	Tuition for Preschool with Speech-Language Therapy (2x/week)  *Option for 3 <sup>rd</sup> SL Therapy session
<b>Morning Programs:</b>		
<b>9:00am – 12:00pm</b>		
Lady Bugs Class - 2 day program	\$400/month	\$820/month
Bumble Bee Class - 3 day program	\$500/month	\$920/month
<b>9:00am – 1:00pm</b>		
Pandas, Dragonflies Classes - 4 day program	\$615/month	\$1035/month
Pandas, Dragonflies Classes -5 day program	\$665/month	\$1085/month
<b>All Day Programs: Monday – Thursday 9:00am – 3:00pm, Friday 9:00am – 1:00pm</b>		
Frogs Class – 5 days, all-day program	\$1060/month	\$1480/month
Owls Class Pre-K - 5 days, all-day program	\$1110/month	\$1530/month

\*If you would like your child to receive three 30 minute sessions per week, rather than two, the cost is \$630 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? \_\_\_\_\_

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. A limited number of scholarships are available.*