



St. Thomas Early Learning Center

8991 Brook Road, McLean, VA 22102

703-442-4766

2021-2022
Academic Year

Indicate session(s) requested:

Pre-K _____ 3 yr old _____ 2 yr old _____
Preschool Session (9 AM – 1 PM **Required**) _____
Breakfast Bunch (7 AM – 9 AM) _____
Restful Rainbows (1 PM – 3 PM) _____
Afternoon Astronauts (3 PM – 6 PM) _____

Classes are subject to change based on enrollment

Child's Name _____

Nickname _____

Birth Date ____/____/____ Male ___ Female ___

Address: _____

Parent/Guardian _____

Relationship to Child _____

Address _____

Home Phone _____

Cell phone _____

Employed by _____

F/T ___ P/T ___ Work Phone _____

Parent/Guardian _____

Relationship to Child _____

Address _____

Home Phone _____

Cell phone _____

Employed by _____

F/T ___ P/T ___ Work Phone _____

Preferred email(s): _____

Does the child live with both parents? _____

Is the child in the care of someone else during the day?

Yes No If yes:

Name _____

Address _____

Cell Phone _____

Other members of the household:

Name Age Relationship

Start date _____

Date applied _____

Check # _____ Amount _____

Date withdrawn _____

Please list the following information:

Physical problems _____

Allergies _____

Language spoken at home _____

In case of sickness or emergency, which parent should be called first? _____

Phone _____

List two people who may be called if parent cannot be reached:

Name _____

Phone _____

Address _____

Name _____

Phone _____

Address _____

How did you learn about our school? _____

Your child's previous school experience?

Authorizations: (please check and sign)

____ I give consent for my child to receive medical aid in an emergency.

____ I agree to follow the school's sick policy.

____ I give permission for my child's name, address, phone number, email, and photo to be published for school use only.

____ I give permission for my child to attend field trips sponsored by the school.

____ I give permission for my child to participate in the St. Thomas Early Learning Center program.

Signed _____

Date _____

Please complete and return with a non-refundable Registration fee of \$95 (\$50 for each additional child). Check payable to: **St. Thomas Early Learning Center.**