



# 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) \_\_\_\_\_  
Busy Bees (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Date withdrawn \_\_\_\_\_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.**