



7600 Ox Road
Fairfax Station, VA 22039

703.425.3580, FAX 703.425.2985
Preschool Office 703.425.3715

Application for Admission
School Year 2020-2021

Student's Full Name _____ son _____ daughter _____

Name to be called at school _____ (also used for cubby labels, check-in tags, etc.)

Birthday _____ Age by September 30, 2020 _____ yrs. _____ mos.
(month) (day) (year)

TODDLER CLASS/YOUNG 2s **
 _____ 2 Day AM Class (9:00-1:00)
 Monday and Wednesday
 _____ 2 Day AM Class (9:00-1:00)
 Tuesday and Thursday

2 YEAR OLD CLASSES (2 by 3/31/20)
 _____ 2 Day AM Class (9:00-1:00)
 Monday and Wednesday
 _____ 2 Day AM Class (9:00-1:00) (2 available)
 Tuesday and Thursday

SPECIALITY CLASS **
 _____ 5 Day Transition Class (9:00-1:00)
 Monday through Friday **4 by 3/31/20

3 YEAR OLD CLASSES
 _____ 2 Day Class (9:00-1:00) *
 Tuesday and Thursday
 _____ 3 Day Class (9:00-1:00)
 Monday, Wednesday, Friday
 _____ 5 Day Class (9:00-1:00)
 Monday through Friday

4 YEAR OLD CLASSES
 _____ 2 Day Class (9:00-1:00)
 Tuesday and Thursday
 _____ 3 Day Class (9:00-1:00) *
 Monday, Wednesday, Friday
 _____ 5 Day Class (9:00-1:00)
 Monday through Friday

*Children in the 3 and 4 year old classes may be divided according to birthdates, if we have 2 T/TH (3s) classes and 2 MWF (4s) classes.

**Students must meet the appropriate age requirement as of September 30, 2020, with the exception of the Transition and toddler classes.

Mother or Guardian _____ email _____

Employer _____ Occupation _____ Work Phone _____

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Father or Guardian _____ email _____

Employer _____ Occupation _____ Work Phone _____

Home Address (if different from above) _____

_____ Zip Code _____

Home Phone _____ Cell Phone _____

Has your child attended school before? _____ School Name _____

Is your child currently receiving developmental services? Yes _____ No _____

If YES, what type of services: _____

Will your child be concurrently enrolled in another preschool program or school? Yes _____ No _____

If YES, where and what grade or age level: _____

Other children in family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name of church your family is currently attending _____

Allergies or special concerns _____

I give my permission to include my child's name and a primary email address in our school email directory. Email directories will only be given to Greentree families for the purpose of arranging play dates, carpooling, and party invitations, not for soliciting purposes.

Yes, we want to be included in the email directory _____

If YES, please provide the primary email you would like included in the email directory.

Email for the directory: _____

No, please do not include us in the email directory _____

I give permission for my child's picture to be taken for display on the walls of Greentree Christian School.

Yes _____ No _____

I understand that upon receipt of a non-refundable registration fee of \$100.00, my child is enrolled. I understand that I am to pay the annual tuition in nine equal monthly installments with the first payment due June 1, 2020, which will be billed. The remaining eight payments are due the first day of each month beginning in September.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Finance department check _____ Initials _____

Registration Fee: Amount Paid _____ Check No. _____ Cash _____

PROOF OF IDENTIFICATION: Document Seen _____

(new students only)

Document No. _____ Issue Date _____ Initials _____

Start Date _____ Withdrawal Date _____