



Greentree Extended Care Program (K-6th)

7600 Ox Road
Fairfax Station, VA 22039
703.425.3580, FAX 703.425.2985
School Office 703.425.3715

Application for the 2019-2020 School Year

Student's Full Name _____ son _____ daughter _____

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

Birthdate _____ Age by September 30, 2019 _____ yrs. _____ mos.
(month) (day) (year)

School your child attends during the school day: _____

Grade (for the 2019-2020 School Year): _____

Mother or Guardian _____

Employer _____ Occupation _____

email _____ Work Phone _____

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Father or Guardian _____

Employer _____ Occupation _____

email _____ Work Phone _____

Home Address _____ Zip Code _____

Home Phone _____ Cell Phone _____

Before Care: _____

Specification of days needed: _____

After Care: _____

Specification of days needed: _____

Before and After Care: _____

Specification of days needed: _____

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

If YES, what type of services: _____

Other children in family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name of church your family is currently attending _____

Allergies(**) or special concerns:

******(Greentree Christian School Medical Authorization form will be required for administration of medication in addition an allergy plan must be on file for epi-pens on site)

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 and Extended Care Programs.

Yes _____ No _____

I understand that upon receipt of a non-refundable registration fee of \$100.00, my child is enrolled in the Extended Care Program. I understand that I am to pay the annual tuition in ten equal monthly installments with the first payment due June 1, 2018, which will be billed. The remaining nine payments are due the first day of each month beginning in September.

Parent/Guardian Signature _____ Date _____

For Office Use Only

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

PROOF OF IDENTIFICATION: Document Seen _____
(new students only)

Document No. _____ Issue Date _____ Initials _____

Start Date _____ Withdrawal Date _____