



8905 OX ROAD  
LORTON, VA 22079  
888.581.3555  
preschool@siloenter.com  
www.siloenterpreschool.com

2010-2011  
APPLICATION FORM

3-DAY, 9am - 1pm (T-W-Th)

2<sup>1/2</sup> - 3 Years Old

4-DAY, 9am - 1pm (MT-WTh)

4 - 5 Years Old

5-DAY, 9am - 1pm (M-F)

3<sup>1/2</sup> - 5 Years Old

Child's Name: \_\_\_\_\_ Sex:  M  F  
FIRST MIDDLE LAST

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name Child Goes By: \_\_\_\_\_

Family (Home) Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET APT. # CITY STATE ZIP

Mother's Name: \_\_\_\_\_  
FIRST LAST

Phone Numbers: ( ) ( ) ext. ( )  
MOBILE OFFICE HOME

Father's Name: \_\_\_\_\_  
FIRST LAST

Phone Numbers: ( ) ( ) ext. ( )  
MOBILE OFFICE HOME

Does Child Live with both Parents?:  Yes  No If no, please list arrangement: \_\_\_\_\_

Name and birthdates of other children in your family: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_ Second language: \_\_\_\_\_

Has your child attended any other preschool programs:  Yes  No

If yes, name of program: \_\_\_\_\_

Is your child receiving any developmental services (e.g., Child Find):  Yes  No

If yes, what type of services: \_\_\_\_\_

Allergies: \_\_\_\_\_

Will you need the school office to keep emergency medication for life-threatening allergic reactions:  Yes  No

If yes, additional forms need to be completed and returned to the school office by August 1, 2010.

My child may only be picked up from the Silo Center by the following individuals:

1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

3) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

The following individuals are not allowed to pick up my child: \_\_\_\_\_

Written permission is required if anyone else is to pick up your child, they must know the PIN Code assigned to your child.

Please read carefully and sign upon acceptance. Also, keep a copy for your records.

I understand that upon receipt of a non-refundable registration fee of \$150, my child is enrolled. Preschool tuition is divided into nine equal payments. The first payment is collected in advance and is due on or before May 1, 2010. This payment will be applied to my account and used as my final payment. Should I need to withdraw my child before school starts, written notification must be sent and received on or before July 1, 2010 in order to

receive a tuition refund. Should I need to withdraw my child during the school year, I will submit written notice at least 30 days prior to my anticipated departure. Once received, my advance tuition payment will be applied and used as the final monthly payment. **Payments are due on the first day of each month beginning September 1, 2010. A late fee of \$25 will be charged for any payment received after the 5th of the month.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FOR OFFICE USE ONLY:

Registration date: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

EZ EFT: \_\_\_\_\_ Insta Charge: \_\_\_\_\_

Online Payment: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Birth Certificate #: \_\_\_\_\_

Passport #: \_\_\_\_\_

Staff Initials: \_\_\_\_\_