



Administrative Use Only	
_____ Date received	Lottery # _____
Enrolled in: _____	
Waitlisted in: _____	

Application for Enrollment 2025-2026

Please indicate your current status with the Day School:	
<input type="checkbox"/> Current Day School Family	<input type="checkbox"/> Family that is a member of TFCE
<input type="checkbox"/> Former Day School Family	<input type="checkbox"/> New Family to the Day School

Class Preferences:

Please indicate your 1st, 2nd, 3rd, and/or 4th choices by writing a "1", "2", "3", and/or "4" by the class. If you do not want consideration for a particular class, please leave it blank. Your child must be the age of the class requested by September 30, 2025 Five Day Five students should be 5 years old by December 31, 2025. Students enrolled in the 2 1/2 year old class should be 2 by March 2025. Classes are subject to minimum enrollment.

- | | |
|---|---|
| _____ Monday/Wednesday/Friday 2 Year Old | _____ Monday – Friday 4 Year Old Extended Day |
| _____ Tuesday/Thursday 2 Year Old | _____ Monday – Thursday 4 Year Old |
| _____ Tuesday/Wednesday/Thursday 2 ½ Year Old | _____ Monday-Friday 5 Year Old/Kindergarten* |
| _____ Monday-Friday 3 Year Old | |
| _____ Monday-Thursday 3 Year Old | * This is a combined class. |
| _____ Monday/Wednesday/Friday 3 Year Old | |

Name of Child _____ Nickname _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ / _____ / _____ Current Age _____ Sex Male Female

Primary language spoken at home: _____

Parent 1 Name _____ Parent 2 Name _____

Parent 1 Phone _____ Parent 2 Phone _____

Parent 1 Email _____ Parent 2 Email _____

Primary E-mail Address: _____

The primary email address you provide is our primary form of contact for you to receive notifications from the FCEDS Day School, including application status.

Does child reside with both parents? Yes No If "No", who is primary contact? _____

If an adult other than parent/guardian cares for the child during the day, please provide:

Name: _____ Relation: _____ Telephone: _____

The Day School strives to be a Peanut/Tree-Nut Free environment. Does your child have any allergies?

Please list:

Food _____ Insects _____

Medicine _____ Other _____

So that we may better serve your child, is there any medical, developmental or psychological information of which we should be aware? If so, please explain, indicating any professional help that your child receives or has received.

Please list siblings:

Name Age Lives with child?

Please list any other schools previously attended by your child:

School City and State

Please name your child's base school/county. _____

By signing below, I acknowledge that the above information is accurate and agree to abide by the policies of The Falls Church Episcopal Day School.

Signature of parent or guardian

Date

Scholarship applications are available on the website: www.thefallschurch.org/thedayschool.

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Proof of Identity Documentation: Birth Certificate Passport Certificate of Live Birth

Certification Number _____

Date of Birth _____ Date of Issuance _____

Place of Birth _____ Verified By _____