



<b>Administrative Use Only</b>	
_____ Date received	Lottery # _____
Enrolled in: _____	
Waitlisted in: _____	

## Application for Enrollment 2024-2025

<b>Please indicate your current status with the Day School:</b>	
<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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and/or 4<sup>th</sup> 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, 2024. Five Day Five students should be 5 years old by December 31, 2024. Students enrolled in the 2 1/2 year old class should be 2 by March 2024. Students in PMO must be 1 year old by March 2024. Classes are subject to minimum enrollment.

_____ Friday Parents' Morning Out	_____ Monday – Friday 4 Year Old Extended Day
_____ Monday/Wednesday 2 Year Old	_____ Monday – Friday 4 Year Old
_____ Tuesday/Thursday 2 Year Old	_____ Monday – Thursday 4 Year Old
_____ Monday/Wednesday/Friday 2 ½ Year Old	_____ Monday-Friday 5 Year Old*
_____ Tuesday/Thursday 2 ½ Year Old	_____ Monday-Friday Kindergarten*
_____ Monday-Friday 3 Year Old	* May be a combined class.
_____ Monday-Thursday 3 Year Old	** <b>NEW: After selecting your class, check this box to</b>
_____ Monday/Wednesday/Friday 3 Year Old	<b>express interest in extending your day M-TH, 12-1:30</b>
<input type="checkbox"/> **Interest in an extended day lunch bunch option	12–1:30 M-TH for 3's.**

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.

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Please list siblings:

<u>Name</u>	<u>Age</u>	<u>Lives with child?</u>
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Please list any other schools previously attended by your child:

<u>School</u>	<u>City and State</u>
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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](http://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 \_\_\_\_\_