



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

## Application for Enrollment 2023-2024

<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, 2023. Five Day Five students should be 5 years old by December 31, 2023. Students enrolled in the 2 1/2 year old class should be 2 by March 2023. Students in PMO must be 1 year old by March 2023.

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|---|--|
| <p>_____ Friday Parents' Morning Out</p> <p>_____ Monday/Wednesday 2 Year Old</p> <p>_____ Tuesday/Thursday 2 Year Old</p> <p>_____ Monday/Wednesday/Friday 2 ½ Year Old</p> <p>_____ Tuesday/Thursday 2 ½ Year Old</p> <p>_____ Monday-Friday 3 Year Old</p> <p>_____ Monday-Thursday 3 Year Old</p> <p>_____ Monday/Wednesday/Friday 3 Year Old</p> <p><input type="checkbox"/> Extended Day 3's 12-1:30 M-TH**</p> | <p>_____ Monday – Friday 4 Year Old Extended Day</p> <p>_____ Monday – Friday 4 Year Old</p> <p>_____ Monday – Thursday 4 Year Old</p> <p>_____ Monday-Friday 5 Year Old*</p> <p>_____ Monday-Friday Kindergarten*</p> <p><i>* May be a combined class.</i></p> <p><b>** NEW: After selecting your 3's class, check this option to extend your 3's day M-TH, 12-1:30</b></p> |
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Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Current Age \_\_\_\_\_ Sex  Male  Female

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

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_

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:

Name Age Lives with child?

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Please list any other schools previously attended by your child:

School City and State

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***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).**

**Administrative Use Only**

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

Certification Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Place of Birth \_\_\_\_\_ Verified By \_\_\_\_\_