



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

Application for Enrollment 2022-2023

| | |
|---|--|
| 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, 2022. Five Day Five students should be 5 years old by December 31, 2022. Students enrolled in the 2 1/2 year old class should be 2 by March 2022. Students in PMO must be 1 year old by March 2022.

| | |
|--|---|
| _____ 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 | ** NEW: After selecting your 3's class, check this |
| _____ Monday/Wednesday/Friday 3 Year Old | option to extend your 3's day M-TH, 12-1:30 |
| <input type="checkbox"/> Extended Day 3's 12-1:30 M-TH** | |

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 _____
- Medicine _____
- Insects _____
- 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

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 _____