



**SAINT KATHERINE GREEK ORTHODOX  
 CHURCH HELLENIC EDUCATION  
 CENTER  
 2021 DAY SCHOOL ENROLLMENT  
 APPLICATION**

**Welcome to St. Katherine Day School Preschool's family!**

Thank you for choosing our school for your child's early childhood education! We look forward to working with you for years to come.

This enrollment form provides us the needed information to comply with childcare licensing regulations. Please review our Family Handbook for further references. We will set up a time to review it together before your start day.

We want to assure you that we are committed to making your time with us a positive one. Please know that management is always open and receptive to any ideas or concerns you might have. We strive for continuous improvement of our program.

We are so glad to have you here!

Check here if enrolling a sibling

Student's Last Name:	First Name:	Nickname:	Date of Birth:	Sex:
Billing Address:		City:	State:	
Previous Day Care programs attended:		How did you find out about our school?		
Are you a steward of St. Katherine Greek Orthodox Church?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child's Baptismal name if baptized in the Greek Orthodox Church: _				

**PARENT(S)/GUARDIAN(S)**

Father's name:	Place Employed:	Business Phone:
Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
May we send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary E-mail Address:	Primary E-mail Address:
Mother's name:	Place Employed:	Business Phone:

Home Address:		Home Phone:
City/State:	Zip Code:	Cell Phone:
May we send information via email: Yes <input type="checkbox"/> No <input type="checkbox"/>	Primary E-mail Address:	Secondary E-mail Address:
Person(s) or Agency Having Legal Custody of Child:		
Home Address:		Home Phone:
Business Address:		Business Phone:

### **Medical and Emergency Information\*\***

Allergies or Intolerance to food and/or medicine? (Please List)		
Is your child taking any medicine? (Please List)		
Outstanding Medical History (Diabetes, heart disease, etc.):		
Child's Physician:		Phone:
Two People to Contact if Parent(s) Cannot Be Reached:		
1.	Address:	Phone:
2.	Address:	Phone:
<b>Person(s) Authorized to Pick Up Child:</b>		
<b>Person(s) <u>NOT</u> Authorized to Pick Up Child:</b>		

**Please note:**

- **Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.**
- **NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities**

**\*\* If there is an objection to seeking emergency medical care, a statement must be obtained from the parent(s) or guardian(s) stating the objection and the reason for the objection.**

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Identification #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscriber's Place of Employment: \_\_\_\_\_

## FINANCIAL INFORMATION

**Credit Card Information- VISA/MASTERCARD only):**

Name on Card: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SIC Code: \_\_\_\_\_

Card Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I also authorize the HEC to charge my credit card for my student's monthly tuition. Such tuition will be paid on or about the 15<sup>th</sup> of the month for the benefit of the following months tuition for the 2021 school year. I understand I will be assessed a 5% fee in addition to the tuition to permit the HEC to defer its processing costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A 5% fee will be charged for any debit/credit card payments to defer our processing costs.

**For Office Use Only:**

Child's Name: \_\_\_\_\_ Applicant \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_\_ Date

Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Credit Card or Cash \_\_\_\_\_

Stewardship Verified: YES/NO Uploaded to database Date: \_\_\_\_\_ Initials: \_\_\_\_\_

**IDENTITY VERIFICATION**

Place of Birth:	Birth Date:	Birth Certificate Number:	Date Issued:
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Other Form of Proof:	Date Documentation Viewed:	Person Viewing Documentation:
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**Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):**

Date \_\_\_\_\_

*Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certificated copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.*

## ENROLLMENT AGREEMENT

### Between Parents or Legal Guardians (“Parents”) and Paideia Preschool

By signing this Enrollment Agreement, I/we affirm that I/we have read and understood this Agreement as well as the Parent Handbook and agree to abide by all policies and procedures contained therein. Failure to follow school policies may result in your child’s dismissal from school.

I/we hereby agree to enroll my/our child, \_\_\_\_\_, DOB \_\_\_\_\_, in the Paideia Preschool. Please select your enrollment option below by initialing in the appropriate place:

#### Paideia Preschool 2021 Tuition\* and Fees

Initials	Age Group	Time	Tuition
	2-3 years old: Three Days	7:00-6:00	\$245/week
	2-3 years old: Five Days	7:00-6:00	\$375/week
	3-4 years old: Three Days	7:00-6:00	\$230/week
	3-4 years old: Five Days	7:00-6:00	\$350/week
	4 and 5 years old: ThreeDays	7:00-6:00	\$215/week
	4-5 years old: Five Days	7:00- 6:00	\$325/week

\* Paideia Preschool is a year-round program; you will incur 12 monthly payments.

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

#### Additional Fees

Registration Fee	Assessed Annual	\$150
Supplies	Assessed Quarterly	\$75

*The supply fee will be assessed quarterly and is subject to change. Additional enrichment classes may be offered throughout the year. These classes may come at an additional cost not covered by the fees above. Should you choose to opt out of these classes, your child will participate in a planned activity by their teacher.*

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

## FINANCIAL AGREEMENT

I agree to pay the monthly tuition of \$\_\_\_\_\_ by the 15<sup>th</sup> of each month *for the coming month*. Tuition payments are non-refundable and will not be pro-rated. If you choose to keep your child out of school for a period of time, you will still be responsible for paying that month's tuition. This is my/our responsibility, and the office will not send a reminder.

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

1. If payment in full is not received when due, I agree to pay a **late fee of 15%** of my child's tuition. All late fees are subject to change with reasonable notice. We follow state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than two weeks, I may be asked to withdraw my child until my account is made current. Any unpaid tuition fees may be sent to a third-party collection agency, where I will be held accountable for all fees associated with third-party collection agency.

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

2. I/we agree to pay a Registration Fee of \$150 and a Supply Fee of \$75 at time of registration. Both fees are non-refundable. A supply fee will be assessed on a quarterly and is subject to change. These fees apply to ALL students, regardless of the month they begin at Paideia Preschool.

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

3. I/we agree returned checks will be assessed a processing fee of \$50.

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

4. If enrolled in a three-day program, the parent agrees to make reasonable efforts to abide by the days their child is regularly scheduled to attend. In the event the child is brought to the school on a day other than the days regularly scheduled without giving the Director five (5) days written notice, a pro-rated fee equal to one day's tuition plus an additional 25% fee will be assessed. In the event five (5) days written notice is given to the Director, a pro-rated fee equal to one day's tuition will be assessed. Notwithstanding the foregoing, we reserve the right to refuse to accommodate requests due to capacity or insufficient staff.

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

5. I/we understand and agree that, while my child is enrolled, there is no reduction or refund of tuition for **ANY** time (days/weeks/months) missed due to illness, snow, vacation, holidays, withdrawal, absent, etc. within any tuition period. There are NO make-up days. Weather related make- up days will only occur if Fairfax Public Schools announces them.

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

6. I/we understand that tuition and other fees are reviewed periodically, and I/we will be given thirty (30) day notice of any changes to the tuition or fees. See Parents Handbook for further details regarding fees.

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

- I/we understand and agree that continued enrollment is contingent on prompt tuition payment.

**Initials:** \_\_\_\_\_

- Paideia is open from 7:00am to 6:00pm, Monday through Friday all year except for holidays and professional development days (these are listed in the Parents handbook). If I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$5 dollars per child every 1 minute after closing until the child is picked up. I/we agree to pay "Late Pick Up" fees ***at the time of pick-up*** by check or cash. *We will wait with your child, but if late pick-up occurs more than three times, services may be withheld.*

**Initials:** \_\_\_\_\_

## WITHDRAWAL

- I/we understand that written notice, sent to the director, must be provided **one month** before withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for one month, whether or not my child attends. I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new enrollment agreement at the current rate and pay all applicable non-refundable fees. I understand all fees are non-refundable.

**Initials:** \_\_\_\_\_

- Paideia Preschool staff will make every effort to help my/our child adjust and change his/her behaviors, but equal effort needs to be given at home. I/we understand that a child may be dismissed from school if the child does not adjust to our program. Examples of this include biting, kicking, grabbing other students by the neck, running away from the group, physical abuse towards children and adults, talking back to the teacher, etc. All children will be given a two-week adjustment period. If no improvement is shown after two weeks, the student will be suspended for one week. The student's behavior will be evaluated upon their return and if the misbehavior reoccurs, permanent dismissal may be necessary. If dismissal results, tuition is NOT refundable.

**Initials:** \_\_\_\_\_

I/we understand that a child will be dismissed if a parent's language or actions are abusive towards the children and/or to staff. If dismissal results, tuition is NOT refundable.

**Initials:** \_\_\_\_\_

## HEALTH AND SAFETY

1. I/We **MUST** disclose any medical/developmental evaluation and provide all healthcare provider reports and/or evaluations to enable us to better meet the needs of my/our student.

**Initials:** \_\_\_\_\_

2. I/we agree to walk my/our child(ren) into the classroom each morning and to ensure that teacher is present before I/we release my/our child(ren). I/we agree that the child(ren) will be “signed in” upon arrival and “signed out” upon departure each day.

**Initials:** \_\_\_\_\_

3. I/we agree that no medication will be sent to school. The teachers are certified in first aid and CPR, but do not have the certification required to dispense medicine. I/we understand that if my/our child is taking any medicine a family member will come to school to give the medicine.

**Initials:** \_\_\_\_\_

4. I/we understand and agree to have my/our child(ren) picked up within **one hour** of notification that my/our child(ren) have become ill or hurt. This also applies to children who display behavior not conducive to learning or hurtful towards other students and teachers.

**Initials:** \_\_\_\_\_

5. I/we agree to inform Paideia Preschool within 24 hours or the next business day after my/our child(ren), or any member of the immediate household has developed a reportable communicable disease as defined by the State Board of Health, except for life threatening diseases, which I/we agree to report immediately.

6. **Initials:** \_\_\_\_\_

7. I/we agree that my/our child(ren) may not attend school with any illness that threatens the health of other children or staff, or that prevents their participation in their classroom’s routine. I/we understand and agree that the Health Department regulations governing periods of infection will be enforced and I/we agree to abide by all illness policies set forth in a written notice or in the Parent Handbook. Specifically, I/we agree that our child(ren) may not attend school if my/our child(ren) is/are vomiting, has/have diarrhea or a fever of 100 degrees either alone or in combination with other symptoms including a sore throat.

**Initials:** \_\_\_\_\_

8. I/we agree that our child(ren) will obtain all age-appropriate immunizations as required by the Virginia Department of Health Services prior to starting school. The completed health form and current immunization record sheet **MUST** be submitted prior to first day of school.

**Initials:** \_\_\_\_\_

I/we understand that my/our child(ren) will be released only to authorized individuals. No child will be released to anyone whose name is not on file. Only parents/guardians



identified below are authorized pick up unless additional names are provided in writing.

**Initials:** \_\_\_\_\_

9. We make every effort to keep all children safe, however, accidents sometimes happen. I/we for myself/ourselves and on behalf of my/our child(ren), hereby release and discharge Paideia Preschool, St Katherine Greek Orthodox Church, the HEC, its partners, agents, employees and affiliates (“Released Parties”) from all claims, demands, damages, actions, causes of actions, suits, judgments and executions whatsoever, in law or equity, which I/we, the child(ren), our heirs, executors, assigns or administrators ever had, now has, or may have, or claim to have, against the Released Parties by reason of my/our child(ren)’s attendance at Paideia Preschool I/we agree, for myself/ourselves, my/our child(ren) and any other claimant that the Released Parties will not be liable and no claims will be made against the Released Parties if my/our child(ren) should suffer personal injury or death as a result of my/our child(ren)’s attendance at Paideia Preschool.

**Initials:** \_\_\_\_\_

10. I/we authorize Paideia Preschool staff to obtain immediate medical care for my/our child(ren) if any emergency occurs or if I/we cannot be contacted immediately.

**Initials:** \_\_\_\_\_

11. I/we authorize Paideia Preschool to use photos and other recordings of my/our child(ren) for training and professional development and for promotional purposes.

**Initials:** \_\_\_\_\_

12. I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, audit facility records, interview children privately, observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**Initials:** \_\_\_\_\_

## STATE LICENSING AND OUR POLICIES

1. I understand that the above is not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state & county childcare regulations, the Family Handbook, and all other company policies, which may be modified at any time without notice. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

2. **Initials:** \_\_\_\_\_

3. I have received a copy of the Parents Handbook. I have read and understand its contents and policies and agree to be bound by the same.

**Initials:** \_\_\_\_\_

4. I agree to inform the center within 24 hours or the next business day after my child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

**Initials:** \_\_\_\_\_

5. I understand if there is an objection to seeking emergency medical care, a statement should be obtained from me stating the objection and the reason for the objection.

**Initials:** \_\_\_\_\_

6. I understand that appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Section 22.1-4.3 of the Code of Virginia states unless a court order has been issued to the contrary, the on-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

**Initials:** \_\_\_\_\_

7. No terms of this agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revision, modification, or deletions of any term of this agreement are null and void.

**Initials:** \_\_\_\_\_

Paideia Preschool does not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided hereunder, is available from the director.

I/we have read and agree to abide by the terms and conditions of the Hellenic Education Center Parent's Handbook and this Enrollment Agreement. I/we understand that Paideia Preschool reserves the right to change existing policies or introduce new policies immediately upon written notice.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Parents Handbook. The policies in this contract will supersede all other previous documents. By signing this page, I

verify that I have provided accurate information on pages 1-7 of this document in its entirety.  
If any of the information is to change, I will notify Paideia Preschool immediately.

Parent/Guardian Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Printed)*

Parent/Guardian Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

Parent/Guardian Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Printed)*

Parent/Guardian Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

Director Name \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

# CHILD'S HISTORY

Name: \_\_\_\_\_

Every child is special and unique. Please help us get to know your child and family by filling out this questionnaire. Our goal is to provide a loving environment to meet the needs of your child.

Please list all members of your family, including pets:

- |          |                     |
|----------|---------------------|
| 1. _____ | Relationship: _____ |
| 2. _____ | Relationship: _____ |
| 3. _____ | Relationship: _____ |
| 4. _____ | Relationship: _____ |
| 5. _____ | Relationship: _____ |
| 6. _____ | Relationship: _____ |

Child and family favorite activities:

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Generally, how would you describe your child?

1. Physically: \_\_\_\_\_
2. Socially: \_\_\_\_\_
3. Emotionally: \_\_\_\_\_
4. Intellectually: \_\_\_\_\_

Does your child have any special interests? (Please circle)

Singing   Painting   Stories   Sports   Pets   Dancing   Other: \_\_\_\_\_

Are there particular areas in which your child needs special encouragement and support?

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Has your child been in day care, school, or another peer group before?

Yes    No

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Length of attendance: \_\_\_\_\_

Experience:

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Does your child take a nap?

Yes  No

Is your child toilet trained?

Yes  No

If yes, please indicate any words used.

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Please list any foods your child may not or cannot eat (due to allergies, religion, or customs, etc.):

Is there anything that frightens your child?

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Is there anything else that you think we should know to help us understand your child?

What languages, other than English, do you speak regularly at home?

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Is Greek spoken at home? Who speaks Greek with the child? \_\_\_\_\_

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***Our school is a nut-free facility. Tree nuts and peanuts are not allowed due to severe allergies. Thank you for being understanding.***