



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

## **Enrollment Forms 2024-2025**

### **PERSONAL INFORMATION FORM**

A parent/guardian must complete this form prior to the beginning of school. The purpose is to help us better understand your child; we assure you that all answers are strictly confidential. Some things you may wish to discuss directly with your child's teacher. As the year progresses, please inform us of on-going events in your family, i.e., birth, death of a family member, or any significant change in the life of your family. It is important that we know what your child is experiencing to bridge the gap between home and school. We hope that this will be the beginning of a positive relationship between your family and Arcola Christian Preschool.

#### **Family and Social History**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

What name would you like your child to be called at school? \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_  
Month Day Year

	Parent/Guardian 1 (Father)	Parent/Guardian 2 (Mother)
Name		
E-mail address		
Cell phone		
Work phone		
Occupation		
Place employed		

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single Parent \_\_\_\_\_

Custody arrangements \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

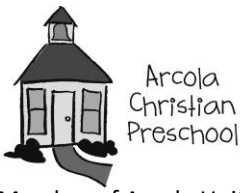
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Others residing on your household: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Who cares for child during the day? Name \_\_\_\_\_ Phone \_\_\_\_\_



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

Member of Arcola United Methodist Church? \_\_\_\_\_

If not a member, please state your religious preference and/or church membership. \_\_\_\_\_

Does your family celebrate special cultural/religious holidays? \_\_\_\_\_ If so, specify: \_\_\_\_\_

At what age was your child first separated from mom and dad? \_\_\_\_ With a babysitter? \_\_\_\_\_

## **Personal History**

### **1. Child Development:**

Type of birth: Full term \_\_\_\_\_ Premature \_\_\_\_\_

Age child began: walking? \_\_\_\_\_ talking? \_\_\_\_\_ Does s/he speak in sentences? \_\_\_\_\_

Feeding self \_\_\_\_\_

### **2. Speech:**

Does your child hear another language at home? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Does your child speak any language other than English? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Describe any areas of concern in your child's speech or language: \_\_\_\_\_

### **3. Toilet Habits:**

At what age was your child toilet trained? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

### **4. Sleep Habits:**

Nap during day? \_\_\_\_\_ How long? \_\_\_\_\_ Scheduled or as needed? \_\_\_\_\_

Does s/he have own room? \_\_\_\_\_

Awakens in the morning at? \_\_\_\_\_ Goes to sleep at? \_\_\_\_\_

### **5. Fears:**

Animals? \_\_\_\_\_ Dark? \_\_\_\_\_ Storms? \_\_\_\_\_ Others? \_\_\_\_\_

Self-soothing habits (thumb sucking, etc.)? \_\_\_\_\_

### **6. Discipline:**

What behaviors do you find challenging with your child? \_\_\_\_\_

How do you respond? \_\_\_\_\_

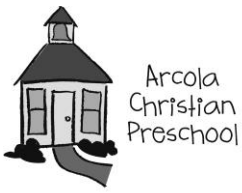
### **7. Social Relationships:**

Has your child ever played at a friend's house? \_\_\_\_\_

Has your child ever had a friend (non-relative) in to play? \_\_\_\_\_

Who does your child usually play with at home? \_\_\_\_\_

How does your child get along with his/her siblings? \_\_\_\_\_



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

How would you describe your child's behavior when interacting with other children and adults? (friendly, shy, aggressive, assertive, withdrawn, etc.) \_\_\_\_\_

How does your child usually react in a new situation? \_\_\_\_\_

Do you feel your child will have an easy or difficult transition to preschool? \_\_\_\_\_

If difficult, what do you think would ease the transition? \_\_\_\_\_

**8. Experiences and Emotional Development of your Child:**

What is your child's favorite activity at home? \_\_\_\_\_

How do you like to spend time with your child? \_\_\_\_\_

Has your child had experiences with the following?

Scissors \_\_\_\_\_ Easel painting \_\_\_\_\_ Finger painting \_\_\_\_\_ Glue \_\_\_\_\_

Coloring with crayons \_\_\_\_\_ Blocks \_\_\_\_\_

**9. Other personal habits**

Is your child left handed? \_\_\_\_\_ Right handed? \_\_\_\_\_ No preference at this time? \_\_\_\_\_

Describe your child, including appearance, personality, abilities, likes and dislikes. \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Educational History**

Has your child previously attended a child care center or preschool? \_\_\_\_\_ If so where, when, and how many days per week?

---

---

Does your child possess an IEP/IFSP (Individualized Education Plan/Individualized Family Services Plan) evaluation from the school system? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Loudoun County? \_\_\_\_\_

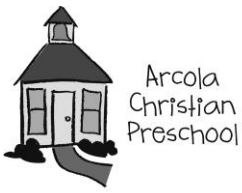
If so, would you be willing to share the document with his/her preschool teacher before school begins? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you as a parent perceive anything that may inhibit your child's ability to learn in the Arcola Christian Preschool?

---

What do you hope your child gains from his/her experience at Arcola Christian Preschool? \_\_\_\_\_

---



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

## Health History

ALLERGY – My child is allergic to \_\_\_\_\_

These precautions should be taken due to the allergy \_\_\_\_\_

Watch for the following symptoms in my child \_\_\_\_\_

**My child is allergic to the following foods:** \_\_\_\_\_

**Dietary restrictions of the family (i.e. Vegetarian)** \_\_\_\_\_

Please state age when your child has experienced any of the following:

Frequent Ear Infections \_\_\_\_\_ Tubes in Ears \_\_\_\_\_ Stomach Aches \_\_\_\_\_ High Fevers \_\_\_\_\_

Injuries in an Accident \_\_\_\_\_ Please specify \_\_\_\_\_

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ How is this treated? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If so when? \_\_\_\_\_

Has your child visited the dentist? \_\_\_\_\_ Special appliances? \_\_\_\_\_

Vision correction? \_\_\_\_\_ When are glasses to be worn? \_\_\_\_\_

Hearing test? \_\_\_\_\_ Hearing impairment? \_\_\_\_\_

How is this being addressed? \_\_\_\_\_

Does your child have a physical disability? \_\_\_\_\_ If so, would assistance be required to play on the playground to maintain safety? \_\_\_\_\_ Describe \_\_\_\_\_

How would you describe your child's general health? Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_



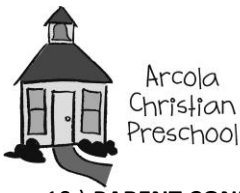
**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

## PARENT-SCHOOL CONTRACT

This is a contract between The Trustees of the Arcola United Methodist Church /ARCOLA CHRISTIAN PRESCHOOL and the parents/guardians of \_\_\_\_\_.

In order to ensure a successful school year for each child, and avoid misunderstandings between the school and the family, this contract sets out a number of important obligations. Further explanations of any subject contained in this contract can be found in the parent handbook, specifically in the "General Policies for Parents" section.

- 1.) **TUITION:** Your child is in the \_\_\_\_\_-day program, for which you agree to pay \$\_\_\_\_\_ monthly. ACP divides tuition into nine payments. The first payment is due May 1, 2024. The following eight payments are due the first day of each month, August 2024 through March 2025. We assess a \$25.00 late fee if we do not receive your payment by the 5<sup>th</sup> day of the month. We also assess a \$25.00 fee for returned checks due to insufficient funds. Checks are to be made payable to Arcola Christian Preschool. If the Church becomes involved in any litigation arising out of this agreement and is the prevailing party, you agree to indemnify and reimburse the church for any costs, attorneys' fees and litigation expenses arising out of the suit.
- 2.) **REGISTRATION FEE:** A registration fee of \$149.00 is due with your application form and is NOT REFUNDABLE.
- 3.) **WITHDRAWALS AND TUITION REFUNDS:** Enrollment is for September through May. Arcola Christian Preschool will not issue tuition refunds for absences or unscheduled closures. Refunds will only be issued for withdrawal from the program as outlined below. Arcola Christian Preschool must receive written notice from the student's parent or legal guardian thirty (30) days prior to withdrawal from the program. In the event of withdrawal from the program, no refunds will be issued for a partial month's tuition. In order to receive a refund of the prepaid May tuition, Arcola Christian Preschool must receive thirty (30) days prior written notice of withdrawal from the program as stated above AND tuition payments for the student must be current. If the effective date of withdrawal from the program falls after March 1 of the school year, only half (50%) of the prepaid May tuition is refundable, subject to thirty days prior written notice of withdrawal and a current account balance for the student as stated above.
- 4.) **HEALTH REGULATIONS:** The Commonwealth of Virginia and the County of Loudoun require that each new and returning student submit a current Commonwealth of Virginia School Entrance Health Form before admission to school. The form must include an up-to-date inoculation record and any relevant personal health information on the child, such as allergies, special health needs, etc. It must be signed by a health professional. Children in the 3-year-old and 4-year-old programs must be fully potty-trained to attend preschool. Children in the 2 ½ -year-old program must, at a minimum, be actively working on potty training.
- 5.) **REQUIRED FORMS:** Please return the Enrollment Forms by May 1, 2024. The Virginia School Health Form must be completed and returned before school begins. You must also present your child's Identity Verification (Birth Certificate) before the first day of school. A child who does not have these forms on record cannot enter into the program. Parents are responsible for updating forms when changes occur.
- 6.) **STUDENT HEALTH:** Children should be sent to school ready to participate in the day's activities. A preschool child should have sufficient sleep and a proper breakfast before school. Children must be kept home if ill. This includes fever, vomiting, or diarrhea in the last 24 hours. When you enter the building or send your child into the building, you are confirming that you or your child do not have symptoms of a contagious illness.
- 7.) **ACCIDENTS/ILLNESS/INSURANCE:** The school strives to maintain a healthy, safe environment for our children. In that regard, we will not admit a child who is ill to the classroom. If a child becomes ill during the school day, we will notify the parents and they must pick up the child, or make arrangements for someone on the list to pick up the child, as soon as possible. By signing below, the parents authorize the school to obtain immediate medical care if a medical emergency occurs and the parents cannot be located immediately. Such care may be from a physician or hospital other than the family's physician, if, in the school's judgment, there is insufficient time to first contact the family's physician. Individual staff members, Arcola Christian Preschool, and Arcola UMC will not be held responsible for the consequences of an accident or illness at school. The parent is responsible for payment of medical expenses.
- 8.) **PHOTOGRAPHY:** The parent/guardian gives the preschool and/or church permission to photograph and/or video the child during preschool activities, for classroom, school, and church use only.
- 9.) **SCHOOL ROSTER:** The parent/guardian gives the school permission to list their names, their child's name, address, telephone number, and e-mail address on the school roster, for distribution to school parents only.



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

- 10.) **PARENT CONFERENCES:** As part of its commitment to good communication, the preschool will schedule a Fall and Spring parent-teacher conference for each child in the threes and fours programs. Conferences are held to discuss a child's progress, well-being, and/or any concerns. The parent, teacher, or director may request an additional conference at any time.
- 11.) **ARRIVAL OF CHILDREN:** Teachers and assistants use the time before school to prepare the classroom and materials for the students. Children will not be permitted in the classroom prior to 9:25 AM for the morning classes. Drivers will follow the driving pattern described in the Parent Handbook for safe drop-off procedures.
- 12.) **DISMISSAL OF CHILDREN:** School staff will begin escorting students to their vehicles at 12:15 PM for the morning classes. A child will only be released to an individual listed on the Transportation Authorization, unless documented parental permission has been established. Drivers will follow the driving pattern described in the Parent Handbook for safe pick-up procedures. Parents are expected to pick up their children promptly. In the event a parent is late at dismissal time, the school reserves the right to charge a late fee of \$10 for every fifteen (15) minutes, or portion of, a child is left at the preschool after classes have concluded, beginning at 12:25 PM for morning classes.
- 13.) **FUTURE ENROLLMENT:** Enrollment in the current school year does not imply automatic enrollment in a class for the next school year. Registration priority is set by the Preschool Board and will be made available prior to the registration process in January and February.
- 14.) **DISPUTE RESOLUTION:** Arcola Christian Preschool strives to assure that good communication is maintained between parents and teachers, and that each child receives the quality education he or she deserves. Occasionally, problems occur which cannot easily be resolved. Should such a situation occur, the Parents will notify the Director immediately and attempt to reach a resolution with the help of the Director. If necessary, the Preschool Board may be asked to address the situation. Further information regarding staff-parent interaction is contained in the Parent Handbook.
- 15.) **ARCOLA CHRISTIAN PRESCHOOL RESERVES THE RIGHT TO:**
- Request the withdrawal of a child if he/she has trouble adjusting to school.
  - Suspend or dismiss a child for unmanageable behavior.
  - Suspend or dismiss a child with educational or medical needs for which the school does not have the expertise to manage.
  - Discontinue service to a family not meeting financial obligations on a timely basis.
  - Discontinue service to a family if we believe we are unable to satisfy their expectations.

\_\_\_\_\_  
Director's Signature

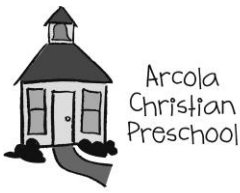
\_\_\_\_\_  
Date

**\* I have read this Parent-School Contract, understand and agree to the terms set forth in it, and will follow the policies it contains. \***

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

## Emergency Treatment Information and Authorization

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Home Phone \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Call these friends or relatives to pick up my child if we cannot be reached (MUST list at least TWO):

1. \_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_ Address Phone Alternate Phone

2. \_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_ Address Phone Alternate Phone

Allergies \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Medications child is taking: \_\_\_\_\_

Outstanding Medical History (example: Diabetes, Heart Disease, etc.): \_\_\_\_\_

### Insurance Information

Insurance Company \_\_\_\_\_ Address \_\_\_\_\_

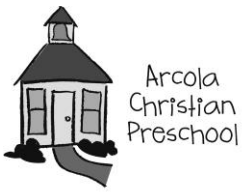
Identification/Policy # \_\_\_\_\_ Ins. Co. Phone \_\_\_\_\_

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

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

I, \_\_\_\_\_ (parent or guardian), hereby give my consent to Arcola Christian Preschool, or anyone on its behalf, to have my child transported by ambulance in order to secure and provide any medical attention that is necessary or urgent. Furthermore, I authorize any physician member of the department of emergency medicine of any area local hospital, or any member of the medical staff of the hospital requested by the department of emergency medicine, to render medical treatment, which in his/her judgment may be deemed necessary in the care of \_\_\_\_\_ (name of child). The parent is responsible for payment of medical expenses.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

## Transportation/Car Pool Authorization

Child's Name: \_\_\_\_\_

The following people are authorized to pick-up and transport my child from Arcola Christian Preschool. I understand that my child will be allowed to leave with these individuals **only**. Do not list parents. You MUST include those persons who you have listed on the Emergency Contact Form as well as carpool drivers.

1. \_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone Alternate Phone

2. \_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone Alternate Phone

3. \_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone Alternate Phone

4. \_\_\_\_\_  
Last Name First Name Relationship

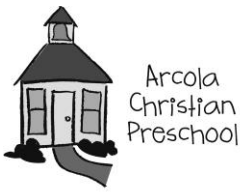
\_\_\_\_\_  
City, State

\_\_\_\_\_  
Phone Alternate Phone

Name of person(s) NOT allowed to pick-up child (if parent, a copy of divorce or custody agreement must be attached):

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Arcola Christian Preschool**  
A Ministry of Arcola United Methodist Church  
24757 Arcola Mills Drive  
Dulles, VA 20166  
703-327-7878 ext. 222

## **Behavior Responsibilities for Preschoolers**

Our mission at Arcola Christian Preschool is to provide a loving Christian environment where each child's spiritual, social, emotional, physical, and cognitive needs are met. We believe that what is best for the child should come first in every decision that we make.

Creating and maintaining this loving environment is a shared responsibility of school personnel, students, and parents. In order to create an environment that ensures the safety of all the students and staff, a close rapport between parents and teachers is necessary.

Please read the parent handbook paying particular attention to the section on aggressive/disruptive behavior. The information in this handbook helps everyone understand the responsibilities for proper behavior as well as the child's right to be in a safe environment. Your continued involvement with our school is very important as we prepare our young children for the future. Together we can ensure that our students will experience a successful year.

Sincerely,

*Arcola Christian Preschool Board and Staff*

I acknowledge I have read the parent handbook and am willing to abide by the school's policies to ensure a safe and loving environment for my child(ren).

---

Child's Name

---

Parent's Name

---

Parent's Signature