



8306 Old Keene Mill Rd, Springfield, VA 22152
 Phone: 703-451-6177
 Email: school@poplc.org
 Website: www.poplc.org/school

Registration Form: 2025-26 School Year

Classes Available	2.5 Year Old	3 Year Old	4 Year Old	Kindergarten
2 Days	T Th	T Th		
3 Days	M W F	M W F -or- T W Th	M W F -or- T W Th	
5 Days		M T W Th F	M T W Th F	
Kindergarten				M T W Th F
Age Requirement	2 by April 30, 2025	3 by Sept 30, 2025	4 by Sept 30, 2025	5 by Sept 30, 2025
Independent Potty Skills Required?	No	Yes	Yes	Yes
Class Hours & Months	9:00am - 12:00pm September to May	9:00am - 12:00pm September to May	9:00am - 12:00pm September to May	8:45am - 12:00pm late August to mid-June

Please indicate your morning class selection(s) - *Age & Days* - in order of preference:

 Class Choice: 1st Class Choice: 2nd Class Choice: 3rd

Extended Day	3 Year Old to Kindergarten		
Age Requirement	3 by Sept 30, 2025	Independent Potty Skills Required?	Yes (both day- and night-time skills)
Program Hours & Months	8:00am - 9:00am 12:00pm – 4:30pm September to May	<i>Note: This program follows the preschool calendar for all students. 3 year old students begin in the extended day program on their first full day of school after their abbreviated sessions are complete.</i>	
Program Description	Offered as an optional addition to a child’s morning class enrollment, it is available on the same days as their morning class. This mixed age program is designed as a safe and relaxed space for children to extend their school day. The expectation is for children to be enrolled for the duration of the school year. Once enrolled, parents are welcome to use as few or as many hours as they need.		

***If you are enrolling your child in the Extended Day Program, please indicate (circle) your preferred days:**

M T W Th F

Child Information

Name: _____ Name at School: _____
 Date of Birth: _____ Boy/Girl: _____
 Address: _____
 Primary E-Mail Address: _____

Primary Phone Number: _____

Severe or Life-
Threatening?

Allergies: _____

Does your child take Prescription medicines? List: _____

Note: If your child will need to have any kind of medication administered while in school, a Written Medication Consent Form must also be on file in the School Office. This includes Epi-Pen and Rescue Inhalers.

Does your child have an IEP? _____ *If so, please provide a copy to the school.*

Mother's Information

Primary contact? _____

Name: _____

Cell #: _____ Work #: _____

Email: _____

Occupation: _____ Employer: _____

Father's Information

Primary contact? _____

Name: _____

Cell #: _____ Work #: _____

Email: _____

Occupation: _____ Employer: _____

Family Information

Name and birthdates of any other children in your family

Primary Language: _____ Second language: _____

Family Church: _____

I am looking for a church home and would like more info about Prince of Peace:

How did you hear about our school? _____

Has your child been in school before? _____

Name of School and Teacher: _____

Emergency Contact(s) / Authorized Person(s) to Pick Up Your Child

Name: _____ Relationship to Child: _____

Phone # _____

Name: _____ Relationship to Child: _____

Phone # _____

Name: _____ Relationship to Child: _____

Phone # _____

note: adults should always have a photo ID available at pickup and ready to show to staff members

Illness

Prince of Peace Lutheran School agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up the child as soon as possible. _____ (Please initial)

Medical Attention

I give permission to Prince of Peace Lutheran School to take whatever emergency (i.e. first aid, disaster evacuation, etc.) measures that are judged necessary for the care and protection of my child while under the supervision of the school. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at my (the child's parent/guardian) expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

_____ (Please initial)

Insurance Carrier: _____ Subscriber Name: _____

ID #: _____ Physician: _____ Phone: _____

Photographs

Photos are taken for educational and/or promotional purposes. Photos may be placed on the school website, Facebook, and/or Instagram page. Children's names are never included with photos.

_____ (I Consent to use my child's photo online)

_____ (I Do Not Consent)

To secure an available space, a non-refundable Registration Fee of \$200 is due with this form

Following enrollment, an advance tuition payment equal to one month's tuition is due May 1, or at the time of registration, whichever comes later. This advance tuition payment is non-refundable after July 1.

Parent / Guardian Signature

Date

For Office Use

Registration Fee Paid: _____
Date

method of payment
(cash, check#, ACH online, CC online)

School Entrance: _____
Date