



# Application for Admission 2024-2025

Child's Name \_\_\_\_\_ Goes by name \_\_\_\_\_  
(first) (middle) (last)

Date of Birth \_\_\_\_\_ If born premature, how many weeks \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city/state) (zip)

**Parent 1** \_\_\_\_\_  Father  Mother  Other \_\_\_\_\_

Address \_\_\_\_\_  Same address as above  Jewish  Other

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Parent 2** \_\_\_\_\_  Father  Mother  Other \_\_\_\_\_

Address \_\_\_\_\_  Same address as above  Jewish  Other

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Currently enrolled (SY23-24)  Previously enrolled  Sibling of current/former student \_\_\_\_\_

Parent attended TRS Early Childhood Center (formerly TRS Nursery School)

Member of Temple Rodef Shalom

Interested in receiving Temple Membership information

Please contact Melissa Weinstock, Membership Manager, for more information about becoming a member of Temple Rodef Shalom ([mweinstock@templerodefshalom.org](mailto:mweinstock@templerodefshalom.org), 703.942.8120).

*Limited scholarships are available. Please contact TRS ECC Director Rene Shiohama at [rshiohama@trsecc.org](mailto:rshiohama@trsecc.org)*

## To register, please submit the following:

- A completed **Application for Admission** (all 3 pages)
- **\$125 non-refundable application fee.** Please make checks payable to **TRS ECC**

## How to Submit Application:

**Option 1** Hand your child's teacher the packet (during drop off or pick up) with the completed application and a check for \$125.

**Option 2** Bring the completed application and a \$125 check to the ECC.

**Option 3** Email completed applications to Alison Ahmed at [ahmed@trsecc.org](mailto:ahmed@trsecc.org)

Mail \$125 check to the school office at: TRS ECC, Attn: Alison Ahmed, 2100 Westmoreland St., Falls Church, VA 22043

### For the Office

Application # \_\_\_\_\_ Date Received \_\_\_\_\_ Class: \_\_\_\_\_

Application Fee Received  **CHECK** # \_\_\_\_\_

Birth Certificate/Passport No. \_\_\_\_\_ Viewed By \_\_\_\_\_ Date: \_\_\_\_\_

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How did you learn about TRS Early Childhood Center? \_\_\_\_\_

Has your child attended childcare or preschool elsewhere?  Yes  No If yes, please list below:

School/Childcare Center \_\_\_\_\_ Dates attended \_\_\_\_\_

School/Childcare Center \_\_\_\_\_ Dates attended \_\_\_\_\_

Is there any information you would like to share with us so that your child will find success in our program?

\_\_\_\_\_  
\_\_\_\_\_

## The following information is helpful to the teachers in supporting your child.

Has your child been privately evaluated or evaluated by Parent-Infant Education (PIE), Infant-Toddler Connection, or Child Find?  No  Yes If yes, please provide IEP's, and evaluation/therapy reports, if possible.

Has your child been offered class-based services by the county or city?  Yes  No

Does your child have difficulty in any of the following areas?

Speech/Language  Vision  Hearing  Motor Skills  Sensory Integration

Social Behavior/Play Skills  Cognitive Development  Other \_\_\_\_\_

Is your child undergoing any treatment or therapy to address these or other issues?  Yes  No

If yes, please list which issues are currently being treated: \_\_\_\_\_

\_\_\_\_\_

My signature below certifies the information I provided on this application is true, accurate and complete and gives TRS ECC permission to contact any of the schools or evaluators referenced above.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Application for Admission 2024-2025



Child's Name \_\_\_\_\_ Goes by name \_\_\_\_\_  
(first) (middle) (last)

Date of Birth \_\_\_\_\_ Age on 9/30/24 \_\_\_\_\_ Gender \_\_\_\_\_

**REQUIRED: Please number order of preference (1, 2, 3) for programs listed below.**

## Stepping Stones - Transitioning to Preschool

*(for children turning two 10/1/24 to 12/31/24) Children are not expected to be toilet independent.*

A parent or caregiver will start the year attending with the child. During the first 3-4 months of the school year, the teacher will work with families to transition their child to attending independently. *The transition timeframe is tailored to each child's needs.*

_____	2 Days	Tuesday/Thursday	9:30AM - 11:30AM
_____	2 Days	Wednesday/Friday	9:30AM - 11:30AM

## 2s Programs *(Child must be two by 9/30/24) Children are not expected to be toilet independent.*

_____	2 Days	Tuesday/Thursday	9:00AM - 12:00PM
_____	3 Days	Monday/Wednesday/Friday	9:00AM - 12:00PM
_____	5 Days	Monday-Friday	9:00AM - 12:00PM

## 3s Programs *(Child must be three by 9/30/24) Children are expected to be working on becoming toilet independent.*

_____	3 Days	Monday/Wednesday/Friday	9:00AM - 12:00PM
_____	4 Days	Tuesday-Friday	9:00AM - 12:00PM
_____	5 Days	Monday-Friday	9:00AM - 12:00PM
_____	5 Days EXT	Monday-Friday	9:00AM - <b>2:00PM</b>

## Pre-K Programs *(Child must be four by 9/30/24)*

_____	5 Days	Monday-Friday	9:00AM - 12:00PM
_____	5 Days EXT	Monday-Friday	9:00AM - <b>2:00PM</b>



## Kindergarten *(Child must be five by 9/30/24)*

We request new families provide student records from any school(s) their child attended in SY23-24.

_____	5 Days	Monday-Friday	9:00AM - <b>3:00PM</b>
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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_