

TRSNS Application for Admission 2017-2018



Child's Full Name _____ Gender _____

Name he/she prefers to be called _____ Home Phone _____

Address _____
(street) (city) (zip)

Date of Birth _____ Age on 9/30/17 _____

Parent's Name (1) _____ Occupation _____

Address _____ Employed by _____

E-mail _____ Work Phone _____

Cell Phone _____

Parent's Name (2) _____ Occupation _____

Address _____ Employed by _____

E-mail _____ Work Phone _____

Cell Phone _____

Are there any custody issues we should be aware of? _____

- Current student
- Sibling of current/former student (Name) _____
- Parent attended TRS Nursery School
- Member of Temple Rodef Shalom Date of Membership _____
- I would be interested in receiving temple membership information.

Limited scholarships are available for temple members. Requests must be submitted by December 7, 2016. For more information, please contact the director at fpfeffer@templerodefshalom.org

Registration is considered complete when we receive:

- 1) This completed Application Form (*all three pages*)
- 2) \$100 non-refundable application fee (*Note: this fee increases to \$125 after January 13*)
- 3) Checks made payable to: **Temple Rodef Shalom Nursery School**
2100 Westmoreland Street
Falls Church, VA 22043

FOR NEW STUDENTS ONLY: Student's birth certificate is required. Please hand deliver the application to the office and bring your child's official/original birth certificate OR passport and a copy of the birth certificate or passport. We will note we've seen the original birth certificate or passport, return it to you and keep the copy for our files.

FOR OFFICE STATE LICENSING USE

Application Fee Received _____	Date to Membership _____
Birth Certificate No. _____	Date of Admission _____
Birth Certificate Viewed By _____	Date of Withdrawal _____
Birth Certificate Viewed On: _____	

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How did you learn about Temple Rodef Shalom Nursery School? _____

I have chosen this nursery school because _____

Has your child been in any other childcare or preschool before? Yes No

If yes, please list school/childcare and dates attended:

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?

Does your child have difficulty in any of the areas listed below **AND/OR** has your child had an evaluation in any of these areas? (Evaluations and progress reports may be required before contract is issued.)

Speech/Language _____ Vision _____ Hearing _____ Motor Skills _____

Sensory Integration _____ Social Behavior/Play Skills _____

General Behavior _____ 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: _____

Has your child been evaluated by Parent-Infant Education (PIE), Infant-Toddler Connection, Child Find or privately?

Yes No (If yes, report may be required before contract is issued.)

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

Does your child have any allergies that we should be aware of? Yes No

If yes, please list allergy and possible reactions _____

Has your child been prescribed emergency antihistamines, EpiPen, or inhaler? Yes No

PLEASE NOTE: In order to keep medication for your child at TRSNS, you and your doctor must fill out paper work **prior to** dropping off the medication. After your child has been admitted, please call the office at 703.532.2227 and we will forward the necessary paper work to you.

All of the information on this student's application is true and correct to the best of my knowledge. Your signature gives us permission to contact any of the schools or evaluators referenced above.

Parent Signature _____ Date _____

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Child's Name: _____ Date of Birth _____

Please number your choices (by order of preference) in case your first choice is not available.

Stepping Stones...A Transition to Preschool

(For children turning two between 10/1/17 and 12/31/17) Children are not expected to be toilet trained.

The program will provide a period of transition from a shorter day to the full three-hour session. A parent or consistent caregiver/nanny must attend with the child September through December.

_____ 2 Mornings Tuesday/Thursday 9:10AM - 12:00PM

2's Programs *(Child must be two by 9/30/17) Children are not expected to be toilet trained.*

_____ 2 Mornings Tuesday/Thursday 9:10AM - 12:10PM

_____ 3 Mornings Monday/Wednesday/Friday 9:10AM - 12:10PM

_____ 5 Mornings Monday-Friday 9:10AM - 12:10PM

3's Programs *(Child must be three by 9/30/17) Children are expected to be working on toilet training.*

_____ 3 Mornings Monday/Wednesday/Friday 9:10AM - 12:10PM

_____ 4 Mornings Tuesday-Friday 9:10AM - 12:10PM

_____ 5 Mornings Monday-Friday 9:10AM - 12:10PM

_____ 5 Mornings *Extended* Monday-Friday 9:10AM - 2:00PM

4's/5's Programs *(Child must be four by 9/30/17)*

_____ 5 Mornings Monday-Friday 9:10AM - 12:10PM

_____ 5 Mornings *Extended* Monday-Friday 9:10AM - 2:00PM

Parent Signature _____ Date _____