



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, 703.942.8120).

Limited scholarships are available. Please contact TRS ECC Director Rene Shiohama at 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

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 _____

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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
_____	5 Days	Monday-Friday	9:00AM - 12:00PM
_____	5 Days EXT	Monday-Friday	9:00AM - 2:00PM

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 - 2:00PM

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 - 3:00PM
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Parent Signature _____ Date _____