

APPLICATION FORM FOR SCHOOL YEAR 2008-2009

Please answer all questions, front and back, using N/A when question does not apply.

Country Day School (CDS) is an equal opportunity school that practices a non-discriminatory policy in the implementation of its programs, admissions and hiring practices. It does not discriminate on the basis of race, color, religion or nation of origin in the administration of its policies and procedures. •Submission of application form and \$100.00 fee do not guarantee enrollment or class choice. •CDS reserves the right to add, change or delete programs depending on parental interest and available classroom space. • If CDS cannot offer an age-appropriate program, the application fee will be returned. Otherwise the application fee is non-refundable.

CHECK ONE: **Returning Student / Family:** Submit application form and \$100 application fee before November 30, 2007 to take advantage of our priority early enrollment. Returning students applying to kindergarten submit the CDS Kindergarten Enrollment Form, not this application form. The CDS Kindergarten Enrollment Form will be mailed to all four year olds currently enrolled in CDS on November 16, 2007.

List any family members who have attended CDS and his/her relationship to the applicant. _____

New Applicant: Submit application and \$100 application fee in October/November of 2007. After December 1, 2007 call Lorrie Hallahan in the Admissions Office, 703-356-9149 for space availability before submitting application. Call Lorrie Hallahan to schedule an Open House tour of the school.

Child's Full Name _____ Date of Birth _____

Preferred Name _____ Nickname _____ Gender: M or F

Full names of parent(s) or guardian(s) plus home address(es):

Parent _____ Parent _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Occupation/Employer _____ Occupation/Employer _____

Cell Phone _____ Cell Phone _____

Preferred E-mail Address _____ Preferred Email Address _____

List child's current school or care provider _____

List child's past school(s) or care provider(s) and date(s) of attendance _____

OFFICE USE ONLY Date In Amount\$ Cash/Check No. PC B N WL O WD

Child's Name

Date of Birth

CIRCLE ONE: Does your child have a medical and/or learning condition(s) that might affect him or her while at school? YES / NO

If yes, what is the condition(s)? _____

What, if any, accommodations or care does your child need at school because of this condition(s)? _____

Has your child received any screenings or evaluations? YES / NO

If yes, what screenings or evaluations were performed, when and by whom? _____

Please attach the reports to this application.

Has your child been diagnosed with any learning disabilities or anything that might affect his or her ability to learn? YES / NO

List the learning disabilities or other conditions? _____

What, if any, accommodations do you think your child might need at school because of this disability or condition? _____

Is your child receiving or has your child received any special services? YES / NO

If yes, what types of special service, when and by whom? _____

List any other special concerns or information you wish to share with us regarding your child. _____

In the interim between submitting this application and the time when your child begins at CDS, if any of the above occurs you are required to submit the information, including reports.

CHECK ONE: Place a \checkmark mark in the box next to the program to which you are applying. If there is more than one age-appropriate program option, indicate your preference by writing a "1" next to your first choice and a "2" next to your second choice class offering.

Parent/Child

1 day/week for 90 minutes

Yearly \$2,444 or, 10 installments of \$244.

(Children must be born between 4/1/06 and 9/30/06.)

Two's

3 days/week for 2.5 hours/day

Yearly \$6,600 or, 10 installments of \$660.

(Children must be born between 10/1/05 and 3/31/06.)

Three's

4 days/week for 3 hours/day

Yearly \$6,980 or, 10 installments of \$698.

(Children must be three by 9/30/08.)

Four's

4 days/week for 3.5 hours/day

Yearly \$7,124 or, 10 installments of \$712.

(Children must be four by 9/30/08.)

5 days/week for 3 hours/day

Yearly \$7,124 or, 10 installments of \$712.

CHECK ONE: I would like to make the tuition payments on a/an _____ annual basis, _____ bi-annual basis, _____ monthly basis.

Check here if you would like to receive tuition assistance information.

I apply for my child's admission for the school year beginning September 2008. I understand that this form is not a binding contract and does not guarantee enrollment but places my child on record as an applicant for admission.

Parent Signature

Parent Signature

Date