

Dale City Baptist Early Learning Program

3501 Dale Blvd, Dale City, VA 22193

Application for Admission

Age/Days Enrolled: _____

Requests: _____

PLEASE PRINT (Name child prefers)

Student's Name: _____
Last First Middle Init.

Address: _____

City State Zip Code

Date of Birth: _____ Boy Girl

Age by September 30th: _____

Home Phone: _____ Emergency Phone: _____

Cell Phone: _____ Email: _____

Is your child able to comprehend and communicate basic commands of the English language so they can tell the teacher if they are ill, injured or have another personal need? Yes No

Member of What Church? _____

Father's Name/Guardian: _____ Work Phone: _____

Mother's Name/Guardian: _____ Work Phone: _____

Daycare Provider: _____ Home Phone: _____

Address: _____
Street City State Zip Code

Sibling's Names/Ages: _____

Individuals Authorized to Pick up your Child: _____

Individuals NOT Authorized to Pick up your Child: _____

Allergies (list) _____

Please give any information that you fee the teacher should know about your child: _____

How did you hear about our school? _____

Can your phone number be released to parents for the following? *Please check all that apply*

- Phone Tree Car Pool List Class Roster

EMERGENCY INFORMATION (Person to notify locally when parents cannot be reached & doctor's contact info)

Neighbor or Good Friend : _____ Phone: _____

Other Family Member: _____ Phone: _____

Doctor's Name: _____ Phone: _____

For Office Use Only	
Application Date: _____	School Yr: _____
Registration: \$75.00	Paid: \$ _____
August Tuition: \$ _____	Paid: \$ _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Total: \$ _____
	Due: \$ _____
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Form: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Teacher Assignment: _____	