



**Montessori School of Fairfax**  
 3411 Lees Corner Road, Chantilly, VA 20151  
 Phone: 571-323-0222  
 www.msosfx.com

## Admission Application

**Office Use**

Enrollment Date \_\_\_\_\_

Date Child Left \_\_\_\_\_

Child's Full Name(Nickname)	DOB	Sex
Address	Home Phone	

Indicate Your Choice of Program

**TODDLER PROGRAM**

- \_\_\_\_\_ Half Day Morning                      8:30am - 11:45am
- \_\_\_\_\_ Extended Half Day                      8:30am - 1:00pm
- \_\_\_\_\_ Full Day                                      8:30am - 3:30pm
- \_\_\_\_\_ Before School Care                      7:30am - 8:30am
- \_\_\_\_\_ After School Care                      3:30pm – 4:30pm
- \_\_\_\_\_ After School Care                      3:30pm – 6:00pm

**PRIMARY PROGRAM**

- \_\_\_\_\_ Half Day Morning                      8:30am - 11:45am
- \_\_\_\_\_ Extended Half Day                      8:30am - 1:00pm
- \_\_\_\_\_ Full Day                                      8:30am - 3:30pm
- \_\_\_\_\_ Before School Care                      7:30am - 8:30am
- \_\_\_\_\_ After School Care                      3:30pm – 4:30pm
- \_\_\_\_\_ After School Care                      3:30pm – 6:00pm

**ELEMENTERY PROGRAM**

- \_\_\_\_\_ Full Day                                      8:30am - 3:30pm
- \_\_\_\_\_ Before School Care                      7:30am - 8:30am
- \_\_\_\_\_ After School Care                      3:30pm – 4:30pm
- \_\_\_\_\_ After School Care                      3:30pm – 6:00pm

**Parent(s)/Guardian(s)**

Father	Place Employed	Business Phone	Cell Phone	Home Phone
Home Address			Email	
Mother	Place Employed	Business Phone	Cell Phone	Home Phone
Home Address			Email	
Person(s) or Agency Having Legal Custody of Child				
Contact Person's Address			Contact Phone	

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People to Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Do We Have Permission To Take Your Child to a Hospital Emergency Room if You Cannot Be Contacted?		
Do We Have Permission To Call Your Child's Physician in Case Of An Emergency?		
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child		

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

\*NOTE: Section 22.1 – 4.3 of the code of Virginia states that unless a court order has been issued to the contrary, The noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

### OTHER INFORMATION

Do You Have Any Objections To Having Your Name, Address and Telephone Number Included In Our School Directory?
Are There Any Unusual Family Situations Which the School Should Be Advised? (If so, Please Explain).
Is Your Child Receiving Any Treatment Or Medications Regularly? (If So, Please Explain).
Please List Previous Child Day Care Programs And Schools Attended And Reasons For Leaving.
How Did You Hear About Our School?  ----Friend ----Phone Book ----Drive-by ----Other ----Advertisement (Please List Magazine/Newspaper)

### AGREEMENTS

1. MSOFX agree to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested.
2. The parent(s)/guardian(s) authorize MSOFX to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, a written statement needs to be given to MSOFX administration from the parent(s)/guardian(s) that states the objection.
3. The parent(s)/guardian(s) agree to inform MSOFX within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the state Board of Health, except for life threatening diseases which must be reported immediately.

### SIGNATURE

\_\_\_\_\_  
Parent(s) or guardian(s)

\_\_\_\_\_  
Date

**OFFICE USE ONLY  
IDENTITY VERIFICATION**

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person viewing</b>

Check Amount \_\_\_\_\_

Check Number \_\_\_\_\_

Date Recd. \_\_\_\_\_