

# Way of Faith Preschool

2022-2023 - Enrollment Packet & Contract

Thank you for your interest in our Preschool!

If you have any further questions, please feel free to call/text during our regular school hours, 8:00 a.m. to 3:00 p.m., Monday through Friday (703) 994-6967 or email us at [Preschool@WayofFaith.net](mailto:Preschool@WayofFaith.net)

We look forward to serving your family!



Susanna Briggs

3040 Chichester Lane, Fairfax, VA 22031

(703)-994-6967

**Instagram:** @WayofFaithPreschool

**Facebook:** Way of Faith Preschool



# WAY OF FAITH PRESCHOOL

*3040 Chichester Lane, Fairfax, VA 22031*

Programs for Children  
Ages 2 1/2 - 4 years old

*\*must be potty-trained*

School Hours: 8:00 a.m. to 3:00 p.m.

Full-Time and Part-Time Available

Before and After School Care Available

***7:30 A.M. to 8:00 A.M. & 3:00 P.M. to 6:00 P.M.***

Our programs are taught using the Abeka curriculum, to include:  
Phonics, Writing, Numbers, Science, Language, and Bible.

Our goal is to provide each child with a positive, fun-filled  
learning experience within a loving Christian environment.

For More Information Contact:

Preschool Director

Susanna Briggs – (703) 994-6967

*Preschool@WayofFaith.net*

## Fees and Tuition:

<b>Full Day:</b> 5 days (8am – 3pm)	- <b>\$9,000.00</b> / year or <b>\$900</b> / month
<b>Half Day:</b> 5 days (8am – 12pm)	- <b>\$6,500.00</b> / year or <b>\$650</b> / month
<b>Part Time (M, W, F):</b> 3 days (8am – 3pm)	- <b>\$6,000.00</b> / year or <b>\$600</b> / month

For your convenience, payments may be spread over 10 months: September – June.

**Registration Fee:** \$100 per year

**Book/Materials Fee:** \$50 per year

These are both due at enrollment to reserve a place for your child and cover material costs and are NON-REFUNDABLE.

Monthly payments are due the first week of each month. Checks should be made payable to *Way of Faith CTC*. Please have your child's name written on the check. Please note that no refunds are made for parent's vacations or school holidays.

## General Clothing Policy:

During the colder months (weather permitting) we will continue to go outside. Please be sure your child has the appropriate outer wear for those cooler days - jacket/sweater, coat, hat and mittens/gloves.

## Policy Matters:

- **Interview:** Parents are to bring the child to be enrolled in order to meet the Director prior to acceptance into the Preschool.
- **Shot Record:** Parents are to provide children's shot records prior to acceptance into the Preschool.
- **Birth Certificate:** Parents are to provide children's birth certificate prior to acceptance into the Preschool.
- **Sickness:** As a health precaution for all concerned, parents must keep children at home if they are sick, have an elevated temperature, or have a contagious illness. If they come to school with a fever or vomiting and diarrhea they will be sent home. Your child must be fever free, no vomiting, and no diarrhea for 24 hours before returning to school.
- **Special Needs / Disabilities:** While every effort will be made to provide a safe and high-quality experience for each of our children, we do not have resources available to accommodate children who require specialized care or treatment and we want what is best for your child and their future.

## Enrollment Information

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Phone \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Legal Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the child live with the father? \_\_\_\_\_ (Yes / No)

Mother/Legal Guardian \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the child live with the mother? \_\_\_\_\_ (Yes / No)

**Enrollment Information - Continued**

Who has legal custody of this child? \_\_\_\_\_

List any known allergies: \_\_\_\_\_

Please provide the following information for any other adults who live with the child:

Name: \_\_\_\_\_

Relation to Child \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Child \_\_\_\_\_ Phone Number: \_\_\_\_\_

## General Information:

Names and ages of child's siblings: \_\_\_\_\_

\_\_\_\_\_

Has your child attended a previous preschool/childcare program? \_\_\_\_\_ (Yes / No)

Name of school? \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

What are your child's favorite toys/activities? \_\_\_\_\_

\_\_\_\_\_

What is your child's temperament? (*Friendly / Shy / Energetic / Aggressive / Withdrawn*)

\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

Is there anything in particular that might anger or upset your child? \_\_\_\_\_

\_\_\_\_\_

How does your child demonstrate anger/frustration? \_\_\_\_\_

\_\_\_\_\_

What discipline techniques/strategies do you find to be most effective with your child?

\_\_\_\_\_

\_\_\_\_\_

Is your child fully potty-trained? \_\_\_\_\_ If no, describe progress: \_\_\_\_\_

\_\_\_\_\_

Does your child have any hand preference yet? \_\_\_\_\_ (Right / Left)

What do you expect your child to gain from their preschool experience this year? \_\_\_\_\_

\_\_\_\_\_

## Health Information:

Any chronic illnesses / hospitalizations / injuries? \_\_\_\_\_

\_\_\_\_\_

Any special dietary needs? \_\_\_\_\_

\_\_\_\_\_

Any physical disabilities? \_\_\_\_\_

\_\_\_\_\_

Any long-term medications? \_\_\_\_\_

\_\_\_\_\_

Any allergies (food / pet / medicine)? \_\_\_\_\_

\_\_\_\_\_

*(If there are food allergies, please contact the preschool office for additional paperwork)*

Has your child had a hearing, speech, or developmental screening? If so, please share the outcome:

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_

Any additional information we should know that will help us in working with your child?

\_\_\_\_\_

\_\_\_\_\_

**Way of Faith Preschool**  
**3040 Chichester Lane, Fairfax, VA 22031**  
**(703) 573-7221**

**Annual Field Trip Release/Emergency Medical Form**  
**2022-2023**

*This form will be on file at the Way of Faith Preschool office for the current school year. An additional Permission Slip will be sent home prior to each off-campus trip.*

I give my permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in allschool-sponsored trips away from the school premises throughout the 2022-2023 school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the director more than one day prior to the trip.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Way of Faith Assembly of God Preschool – Children of Purpose, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child’s participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to immediately call paramedics and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of these services being provided. I/we also agree to be financially responsible for emergency transportation.

\_\_\_\_\_  
Father/Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian’s Signature

\_\_\_\_\_  
Date

Name Printed: \_\_\_\_\_

Name Printed: \_\_\_\_\_

(If the child lives with both parents, the release must be signed by both parents/guardians)



## Medical Health Insurance Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone No. \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone No. \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Relationship: \_\_\_\_\_

Policy No. / Identification No. : \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Physical or medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Student's home address: \_\_\_\_\_

Student's home phone number: \_\_\_\_\_

Father's employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

*\*It is the Parent's responsibility to keep the school informed of any changes and/or updates.*

# Emergency Contact Form

Child's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names and phone numbers of people authorized to pick up your child in case of emergency when parent or guardian cannot be reached.

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*Parents/Guardians are responsible for keeping emergency contact information up to date.

# Authorization for Pick-Up Release Form

Name of Child: \_\_\_\_\_

The following people are **ALLOWED** to pick-up child from Way of Faith Preschool.

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The following people **MAY NOT** pick-up child from Way of Faith Preschool (only if necessary).

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***Note:** Any person unfamiliar to the staff of Way of Faith Preschool will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.*

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

*\*\*It is the parent's responsibility to notify the school in writing of any changes.*

# Photo Permission Form

We hereby give Way of Faith Preschool permission to include photographs of my child on their website, publications/brochures and in their yearbook.

\_\_\_\_\_ (Yes / No)

Child's Name: \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

## Before & After Care Information

CHILD'S NAME: \_\_\_\_\_

I would like to enroll my child in the following extended care programs for the 2022-2023 school year:

Before School Care: 7:30 – 8:00 A.M. \_\_\_\_\_ (Yes / No)

After School Care: 3:00 – 6:00 P.M. \_\_\_\_\_ (Yes / No)

\_\_\_\_\_  
Father/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian's Signature

\_\_\_\_\_  
Date

### **NOTE:**

Before School Care is from 7:30 A.M. to 8:00 A.M. and is a flat rate of **\$3.50/day** per child. After School Care begins at 3:00 P.M. at a flat rate of **\$7.00/hour** per child and is an automatic enrollment for those children not picked up from preschool by 3:00 P.M. If your child is picked up after the top of the hour, the whole next hour will be charged.

# Way of Faith Preschool Contract

3040 Chichester Lane, Fairfax, VA 22031

2022-2023 - School Year

- It is understood by all parties hereto that this agreement is a legal contract
- It is understood that the yearly tuition will be: \_\_\_\_\_
- If you choose to do a ten-month plan, half of the June payment will be due upfront, along with the September payment.
- The yearly tuition is final unless otherwise noted below in the Preschool Director's section
  - Other fees due will be mentioned below
- All information here will be kept in confidence

## Ten-Month Payment Plan

A payment of \_\_\_\_\_ will be due at the beginning of each month with the exception of the September payment which will be \_\_\_\_\_ and the June payment which will be \_\_\_\_\_. If a payment is not paid within the first week of the month with no communication with the preschool director your child will not be able to continue attending until the payment is made.

## Cancellation and Refund policy

- 60-day written notice is required for withdrawal in order to not be charged that month's payment.
- If there is an emergency need for withdrawal we will work with your family.
- Vacation time will not be refunded or prorated.

## Tuition Summary:

- Tuition is due the first week of each month: September - June.
- If the monthly tuition is not paid, the student will not be allowed to attend school the following month until the payment is made.
- Monthly tuition will be the amount listed under the Ten-Month Payment Plan above.
- Registration fee of **\$100** due with September payment.
- Book fee of **\$50** due with September payment
- If enrolling in Before Care there will be a flat rate of **\$3.50/day**
- If enrolling in After Care there will be a flat rate of **\$7.00/hour**

# Way of Faith Preschool Contract

3040 Chichester Lane, Fairfax, VA 22031

2022-2023 - School Year

The following section is for use by the Preschool Director only and shall contain any additional notes or changes discussed between both parties. By signing this contract both parties agree to everything listed in this contract along with any notes listed below:

## PRESCHOOL DIRECTOR'S NOTES:

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**Parents acknowledge that this agreement becomes a legally binding instrument upon signing this document (one parent signature is acceptable).**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

