

Way of Faith Preschool

2023-2024 - 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

We look forward to serving your family!



Susanna Briggs

3040 Chichester Lane, Fairfax, VA 22031

(703)-994-6967

Instagram: @WoFPreschoolAcademy

Facebook: Way of Faith Academy & Preschool

WAY OF FAITH PRESCHOOL

3040 Chichester Lane, Fairfax, VA 22031

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

**must be fully 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:

Full Day: 5 days (8am – 3pm)	- \$9,500.00 / year or \$950 / month
Half Day: 5 days (8am – 12pm)	- \$6,750.00 / year or \$675 / month
Part Time: 3 days (8am – 3pm)	- \$6,750.00 / year or \$675 / 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 are NON-REFUNDABLE. Monthly payments are due the first week of each month. Checks must be made payable to **Way of Faith CTC**. Please have your child's name written on the check. Note that no refunds are made for vacations or school holidays.

Before & After Care Information

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 and will be billed monthly. For After School Care, you may choose a package below and pay either the full amount at the beginning of the semester or the monthly amount at the beginning of each month. Alternatively, you may let us know on a week to week basis and will be charged a flat rate of **\$10/hour**.

I would like to enroll my child in the following extended care programs for the 2023-2024 school year:

Before School Care: 7:30 – 8:00 A.M. _____ (Yes / No) – (**\$3.50/day**)

If Enrolling In After School Care, Please Choose One (1) Selection Below

3:00 – 4:00 P.M. _____ (Yes / No) – (**\$1,200** or **\$120** per month)
(For 3-day - **\$720** or **\$72** per month)

3:00 – 5:00 P.M. _____ (Yes / No) – (**\$2,400** or **\$240** per month)
(For 3-day - **\$1,440** or **\$144** per month)

3:00 – 6:00 P.M. _____ (Yes / No) – (**\$3,600** or **\$360** per month)
(For 3-day - **\$2,160** or **\$216** per month)

Weekly Flex Plan _____ (Yes / No) – (**\$10** per hour)

*If your child is picked up past your selected time, there will be a late fee of **\$10/hour**.

Parent/Guardian's Signature

Date

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. However, we will gladly connect you with resources available in our area.

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? _____

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?

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 my/our 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: _____

2. 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

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

Annual Field Trip Release/Emergency Medical Form
2023-2024

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/We give permission for _____, grade _____, to participate in allschool-sponsored trips away from the school premises throughout the 2023-2024 school year. Students will be accompanied by a teacher and will be under adequate supervision. I/We understand that I/we will be given at least 48 hours notice of all trips away from the school premises. I/We further understand that I/we 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, 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.*

Way of Faith Preschool Contract

3040 Chichester Lane, Fairfax, VA 22031
2023-2024 - School Year

- It is understood by all parties hereto that this agreement is a legal contract
- Unless otherwise noted below in the Preschool Director's section, it is understood that the yearly tuition is final and will be one of the following amounts: **\$9,500.00 or \$6,750.00**
- If you choose to do a ten-month plan, your monthly payments will be the total tuition amount divided by 10, paid at the beginning of each month, September through June
- The yearly tuition is final unless otherwise noted below in the Preschool Director's section
- Registration fee of **\$100** due with September payment.
- Book fee of **\$50** due with September payment
- All information here will be kept in confidence

Ten-Month Tuition Payment Plan

A payment of _____, (tuition divided by 10), will be due at the beginning of each month, September through June. 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.

Before/After School Care Payment Plan

It is understood that, should you enroll your child in Before School Care or After School Care, you will owe the amount reflected on Page 4 of this packet, according to the selections made. The total amount must be paid in full, at the start of the semester, or the monthly amount must be paid at the beginning of each month.

Cancellation and Refund policy

- During the school semester, 60-day written notice is required for withdrawal.
- If there is an emergency need for withdrawal we will work with your family.
- Vacation time will not be refunded or prorated.

Way of Faith Preschool Contract

3040 Chichester Lane, Fairfax, VA 22031
2023-2024 - 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:

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: _____