



2018-2019 Full Day Kindergarten Application Form

Student Information:

Enrollment Date: _____

Full Legal Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Family Email Address: _____

Parent/Guardian Information:

Father's Name: _____ Cell Phone Number: _____

Mother's Name: _____ Cell Phone Number: _____

Child lives with: Mother Father Other _____

Applying for admission into the following program(s):

Full Day Kindergarten (8:00-3:00)

Full Day Kindergarten Extended Programs (Monday through Friday)

Before care (6:30-8:00am) After care (3:30-6:30pm) Before & After care (6:30am-6:30pm)

Academic Records:

Has your child been referred for a special education service (IEP, 504 plan, gifted program)

yes no

Has your child had any learning disability identified by an educational institution or specialist?

yes no

If yes to either question, please explain: _____

Please describe any physical disabilities/limitations, along with serious injuries, illnesses, diseases your child has been treated or hospitalized for: _____

Does your child regularly take any prescription medication? yes no

If yes, please explain: _____

Please describe your child's educational experience to date – include strengths/abilities, areas of interest and any concerns you may have at this time:

As the parent or legal guardian of _____, I hereby sign this application acknowledging that all information has been provided to the best of my ability and that no false statements have been made. I agree to the following statements:

- I am applying for admissions to Leesburg Open Arms for the indicated program(s), with the understanding that my child will be evaluated by the school for entrance into this program.
- I am required to pay an application fee upon submission of this application.
- I am committed to working with school personnel to fulfill parental and financial responsibilities.
- I am responsible to submit all required documents to enroll my child at Leesburg Open Arms.

Father's Signature

Mother's Signature

Leesburg Open Arms admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administering of its educational policies, admissions policies, and other school-administered programs.

FOR OFFICE USE ONLY

Form Received Date: _____ Received By: _____

Full Day Kindergarten Acceptance Date: _____

Full Day Extension Program Before care After care Before and after care

\$50 Application Fee Rcvd Date: _____ Credit card Cash Check # _____

\$175 Enrollment Fee Rcvd Date (due by June 2018): _____

Credit card Cash Check # _____