

# McLean Children's Academy

6900 Elm St - McLean, Va 22101  
 INFORMATION 703-734-2353

Circle Campus of choice McLean or Clifton/Centreville

# Clifton Children's Academy

14315 Compton Rd. - Centreville, Va 20121  
 INFORMATION 703-968-8455

## Children's Academy Student Enrollment Information



Fall / Spring     First Name     Last Name     Yr. Born     Date of Birth  
 M  T  W  R  F  
 Program     I.D.     Days of Week     Hours     Class  
 Foreign Language of Interest:    French, Japanese, Spanish, ESL, other

App/Regis \$60    Reserve Tuition:    Monthly:    Fall /Advance /Spring Semester:    Per Month:    Total Annual:  
    Semester:

**1**  Mother's Name     Last if different  
 Address  
 City     St.     ZIP Code  
 Cell Phone     Home Phone     Work Phone    Hrs.  
 Company Name  
 Title at Work  
 Address  
 Email

**2**  Father's Name     Last if different  
 Address  
 City     St.     ZIP Code  
 Cell Phone     Home Phone     Work Phone    Hrs.  
 Company Name  
 Title at Work  
 Address  
 Email

Emergency Contacts - Two required, must be someone other than parents above

Emergency Contact 1     Relationship     #1 Address  
 Emergency Contact 2     Relationship     #2 Address

Proof of Birth Record     Place of Birth     Birth Cert#/Passport#  
 Required by Virginia State Law    Staff Verification    Other    Please bring certificate to school!

Physician     Phone #     Allergies  
 Other Persons authorized to pick up :    If allergy warrants emergency treatment  
 Persons NOT AUTHORIZED to pick up child:    or other, please explain in detail on back:

Elementary School     Van     Grade     Phone  
 Previous Schools Attended:

**AGREEMENTS:** Parent/Guardian gives authorization for child to participate in **field trips**. YES \_\_\_\_\_ NO \_\_\_\_\_

The school agrees to notify the parent/guardian whenever the child becomes ill, and parent/guardian agrees to pick up thereafter as soon as possible. Student must be potty trained to attend. A separate Health Form for school will be filled out by Physician.

If Parent/guardian can not be reached immediately, he/she authorizes the school to obtain immediate medical care if any emergency occurs. A separate Medical Emergency form will be signed and notarized by parent/guardian.

Parents give the school permission to use photographs of students in brochures, newsletters, advertising and on web sites.

**TUITION POLICY:** Registration, Commitment and Reserve Tuition Fees are paid to reserve placement for your child. Once paid, these fees & all other prepaid fees are **non-refundable**. To ensure placement, Registration and Reserve Tuition fees must be paid.

**WITHDRAWAL POLICY:** You have agreed to enroll your child for the entire school year and your Advance Payment or Semester payments are not refundable if you withdraw. If parents choose to withdraw a child, they will provide the school with 30 days notice. If you are on a monthly tuition plan, a regular tuition payment will be due for that 30 day (one month) period.

**DISCIPLINE POLICY:** Children are corrected and told what is expected of them. For serious and repeated infractions, children are given a time out and sit in a quiet chair. No physical punishment is administered. Children will not be demeaned or berated because of behavior. If a child needs to take time out or be withdrawn due to disciplinary or behavioral issues, any pre-paid tuition is not refundable, but may be used toward readmission during the same Academic Year.

I understand and agree to the above policies. Initial here \_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Admitted: \_\_\_\_\_  
 Director/Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_