

BETHANY LUTHERAN CHURCH AND PRIVATE SCHOOL

2501 Beacon Hill Road Alexandria, Virginia 22306

703-765-TOTS (8687) Preschool@Bethany-LCMS.org**2021 - 2022 Mom's Day Out Registration***Serving God's Children and Their Families Since 1959*

Child's Name _____ Date _____

Name your child is called _____ Gender _____

Birth date _____ / _____ / _____
mm / dd / yy Age of child on 9/30/21 _____ yrs. _____ months**REGISTRATION INFORMATION****Bethany Lutheran admits students of any race, color, religion, or national or ethnic origin.****Registration opens the 15th of each month for weekly slots.**A sign-up will be sent out to all current and prospective MDO participants.
A link to the sign-up will be available on the Preschool website each month.**TUITION INFORMATION**Tuition Fee per week: **\$150.00**

Tuition is a weekly fee, paid up front via cash or check.

**Due to the high demand of this program, and its limited space,
a 48-hour notice of cancellation is required for a refund.
Failure to do so will require your payment in full.****GENERAL INFORMATION****Mom's Day Out hours are 8:45 a.m. - 12:45 p.m. Monday - Friday****Age Range: 12-19 months as of September 30th 2021****MDO follows the same calendar as the Preschool/Kindergarten programs.**

Mom's Day Out Monday-Friday (beginning 8/30/21) 1:3 Teacher:Student Ratio 6 spots available each week	<input type="checkbox"/> Five Day Class Monday - Friday
Weekly Tuition	\$150.00
Monthly Tuition	\$600.00

Terms for payment of tuition:

1. Tuition payments are due on the first day of the MDO class week. Payment must be made in full prior to the start of the class week.
2. Tuition is payable by cash or check no later than the first day of class.
3. Parents must give forty-eight (48) hours' notice of withdrawal to the school office. If less than 48 hours' notice is given, parents are responsible for tuition for the whole week.

(Please initial here) _____



FORMS and PERMISSIONS

REQUIRED DOCUMENTATION - Due by the first day of class

The Commonwealth of Virginia requires each student to have on file:

- Proof of Identity (via birth certificate, hospital letter of birth, or passport) – a copy is put into the file.
- Health Form to include a complete physical and up-to-date immunizations (Ref. Code of Virginia § 22.1-270). *Students may not participate in classes without this paperwork on file.*

(Please initial here) _____

Family and Emergency Information Form – Please return to the school office at the time of registration.

In the event your child becomes ill or injured, staff will attempt to first notify parents or call emergency contacts. If the event is deemed an emergency, the school will call 911. The FAMILY AND EMERGENCY INFORMATION form is shared with emergency responders.

In the event your child becomes ill, staff will attempt to first notify parents and the parent agrees to pick up their child in a timely manner. If parents cannot be reached, staff will call emergency contacts to pick up the child.

***In case of an emergency, the school will contact 911.
Every attempt will be made to contact a parent or designated emergency contact.***

(Please initial here) _____

Photograph Permission

During the school year, photos are taken of class activities, special events, for classroom displays, etc. Please initial on the line to give Bethany Lutheran permission to display in the classroom or hall, publish in print, on our website or on the school's Facebook page, photos that include your child.

(Please initial here) _____

Class Lists

Each student receives a list of classmates with contact information. This resource is great for coordinating play dates, helping with transportation needs, sending party invitations, etc. The class list will include the student's name, address, parents' names, address, phone number, and email address. Please initial on the line to give Bethany Lutheran permission to include your child's information on the class list.

(Please initial here) _____

Signature of parent or legal guardian _____ Date _____



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FAMILY AND EMERGENCY INFORMATION
Page 1 of this form is shared with emergency responders.

Name of Child With whom does the child reside?	Date of Birth	Gender
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PARENT/GUARDIAN INFORMATION	
FIRST CONTACT	SECOND CONTACT
Name	Name
Address	Address
Home phone	Home phone
Cell phone	Cell phone
Place of Employment	Place of Employment
Work phone	Work phone
E-mail address	E-mail address

Please list—in order—who to contact in case of an emergency.		
Please list 2 local contacts, other than parents, who have permission to pick up your child from school.		
Name	Phone Numbers	Relationship to child

List all medications and dosages your child receives on a continual basis...

Name of medication	Dosage	Frequency	Behavioral affects (if any)

List any allergies your child may have...

Allergy	Symptoms	Treatment	Special Concern

Current Health Conditions: Please indicate any current health conditions, including allergies, that need to be brought to the attention of emergency personnel: _____

My child's medical care is provided by _____
(Name of doctor, clinic, HMO) _____ (Phone) _____

Does your child have health insurance? _____

If yes, medical coverage is provided by _____
(Name of insurance company) _____ (ID/Group Number) _____

Name of Participant _____ Relationship to child _____

Parent signature _____ Date _____

STUDENT INFORMATION
PLEASE NOTE: WE ARE A NUT - FREE SCHOOL

Names and ages of child's siblings _____

Primary language spoken at home _____

If not English, what is the national origin of your primary language? _____

What is your family's church affiliation (e.g. Lutheran, Christian, Muslim, none) _____

How did you learn about Bethany Lutheran? _____

If referred by a friend, what is their name? _____

Has your child previously attended preschool or day care? _____

List any physical concerns, pertinent developmental information, etc. that would affect participation in school activities. _____

Does your child receive developmental services or has developmental testing or services been recommended? _____

If yes, please explain: _____

DEVELOPMENTAL MILESTONES

At what age did your child: crawl _____ walk _____ begin to feed self _____

say first words _____ use two-word phrases _____ use short sentences _____

Check the statements that describe your child. You may make any comments or clarifications.

Is generally happy
Enjoys playing with children his/her age
Is fully potty trained during the day
Dresses himself with minimal help
Can be left with a babysitter that is not a family member
Is very sensitive to certain sounds (ex. vacuum, noise of large groups, music)
Can sit and listen to a storybook
Is comfortable with new people or places
Cries easily
Is very social
Can be understood when speaking to strangers or other non-family members
Is loved by family

Other information you would like to share about your child: _____

Parent signature _____ Date _____



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