

44128 Navajo Drive
Ashburn, Virginia 20147



Registration fee: \$100 (or \$150 per family with multiple children)

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY	
Date application received _____	Date application fee received _____
Deposit received _____	Deposit received by _____
Comments: _____	

THE APPLICANT

When would the applicant begin at The Compass School? _____

Desired Schedule: _____

Child's Name
First _____ (Nickname) _____ Middle _____ Last _____

Home Address

Home Telephone () - _____ Cellular () - _____

Home Fax () - _____ E-mail _____

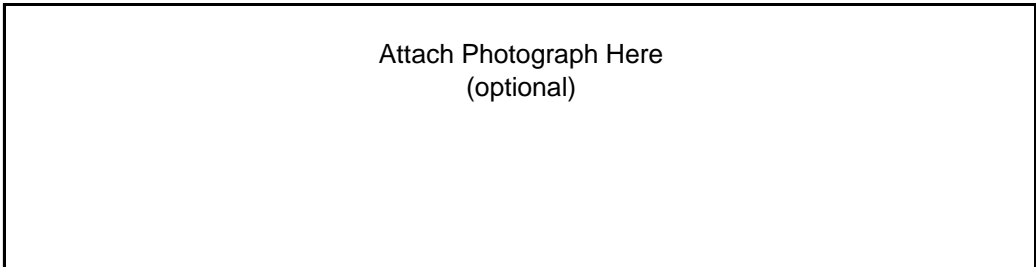
Date of Birth _____ Social Security # _____ - _____

Gender _____

Are there any allergies, and/or intolerance to food, medication, or any other substances that we need to be aware of?
If so, please list, and describe actions to be taken in an emergency situation: _____

Are there any chronic physical problems and/or pertinent developmental information that we need to be aware of?
If so, what special accomodations are needed, if any? _____

Please list applicant's talents, interests, hobbies, club memberships and/or activities:



THE APPLICANT'S FAMILY

Parent/Guardian	Parent/Guardian
Title (circle one): Mr., Mrs., Miss, Dr., Rev.	Title (circle one): Mr., Mrs., Miss, Dr., Rev.
Relationship to applicant: _____	Relationship to applicant: _____
Name: _____	Name: _____
Telephone: () - _____	Telephone: () - _____
Address: _____ _____	Address: _____ _____
Employer's Name _____	Employer's Name _____
Telephone: () - _____	Telephone: () - _____
Fax: () - _____	Fax: () - _____
Address: _____ _____	Address: _____ _____
Position/Title: _____	Position/Title: _____
Work Hours: _____	Work Hours: _____

Check all that are applicable:

_____ Parents married	_____ Mother remarried	_____ Other (please explain)
_____ Parents divorced	_____ Father remarried	_____
_____ Parents separated	_____ Mother deceased	_____
	_____ Father deceased	_____

Applicant Lives With:

_____ Mother	_____ Both
_____ Father	_____ Other

Child's Physician or Christian Science Practitioner:

Name	Address	Phone Number
1. _____	_____	_____

Name, Addresses, and Phone Numbers (day & evening) of other individuals authorized to pick child up from The Compass School on a regular basis:

Name	Address	Phone Numbers
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Additional people authorized to pick up on an occasional basis, along with conditions for release:

Name	Address	Phone Numbers	Conditions for releasing to:
1.	_____	_____	_____
2.	_____	_____	_____

Emergency Contacts: Please provide Name, Address, Phone #, and Relationship of two individuals authorized to pick up the child from school in case of illness, accident, or emergency, if parents or guardians cannot be reached:

1.	_____
2.	_____

GENERAL INFORMATION

How did you learn about the Compass School? _____

Have you ever taken a tour of the school? yes no If yes, when? _____

Program Need:

_____ Infant	_____ Toddler	_____ Two's
_____ Kindergarten	_____ Summer Camp	_____ Preschool
_____ Public Kindergarten Enrichment	_____ School Age: Before/After School	_____ Other (please specify)

Desired days of the week:

Per Virginia Department of Social Services requirements, please provide the following additional information:

Name & Location of previous child day care center and/or schools attended (if applicable):

1.	_____
2.	_____
3.	_____

Please list any additional programs or schools your child is currently attending (if applicable):

Name: _____ Grade/ Class Level: _____

People with disabilities are encouraged to make a representative of The Compass School aware of their needs so we can make reasonable accommodations.

The undersigned agree that the information furnished on the Application for Admission form, together with all information and materials of any kind received by the Admissions Office, shall be considered confidential and shall not be disclosed to anyone (other than The Compass School personnel and Virginia Department of Social Services representatives), including the applicant and the applicant's family.

1.	_____	_____
	Signature of Parent/Guardian	Date
2.	_____	_____
	Signature of Parent/Guardian	Date

