



ST. FRANCIS CRECHE PRESCHOOL ENROLLMENT APPLICATION 2023-2024

St. Francis Creche accepts all children without regard to race, color, religion, sex or national origin. Tuition assistance is available. Please contact the office for more information.

For Office Use Only

Received _____ Check# _____

Program _____ Deposit _____

Notes:

Creche Preschool Classes:

2 & 2 ½-Year Old Classes

Must be 2 by 9/30/22

_____ 2 days – W/F (2-2.4yrs)

_____ 3 days – M/T/TH (2.5-3yrs)

Three-Year Old Classes

Must be 3 years old by
9/30/22

_____ 3 days – M/T/TH(3-3.4yrs)

_____ 3 days – M/W/F (3.5-4yrs)

Four-Year Old Class

Must be 4 – 4.4 years old by
9/30/22

_____ 4 days T-F

4 ½-Five-Year Old Class

Must be 4.5 years old by
9/30/22

_____ 5 days – M - F

Please note: The Creche preschool is unable to accept specific teacher and/or classmate (including siblings) requests. A minimum of 8 students are needed for a class. We may combine classes if there are less than eight students.

Child's Name: _____ Name you wish your child to be called: _____

Child's Birth date: _____
Month Day Year

Sex: _____M _____F

Address: _____ Zip Code _____
Number Street City State

Primary Phone Number: _____ Primary Email Address: _____

Parent/Guardian Name(s)	Relationship	Phone Numbers		
Email Address:		Place of Employment:	Cell:	Other:
		Work Number:		
Email Address:		Place of Employment:	Cell:	Other:
		Work Number:		

Include Child's name, Parent's Name(s), Address, primary Phone Number and Email Address(es) in the Creche Directory (distributed to Preschool families only)? Yes _____ No _____

Others in Child's Home: Brothers: _____ Ages: _____

Sisters: _____ Ages: _____

Other Adults: _____ Ages: _____

Other siblings:

Primary language spoken at home _____ Secondary language spoken (if any) _____

Does your child speak English? Yes _____ No _____ Limited _____

Has your child ever received any developmental, educational or behavioral evaluations? Yes No

Does your child have an IEP, an Individualized Education Plan? Yes No

Has your child ever received or is currently receiving any extra therapies or services? Yes No

Please let us know any pertinent medical, psychological, or emotional issues regarding your child so that we may better serve his/her needs. (Note: This information is confidential and will NOT influence acceptance decisions): _____

Does your child have any special dietary or allergy restrictions that we need to be aware of? If yes, please elaborate: _____

Religious affiliation: _____ Place of Worship _____

Please note: St. Francis Creche is open to children of all faiths, races, ethnic backgrounds and nationalities

Previous school(s) attended _____ Permission to contact school(s)? Yes No

Reason for leaving previous school _____

Are you a member of St. Francis Church? Yes No Does your child attend SFC Sunday School? Yes No

Where did you learn of our Creche School? _____

Elementary school you child will be attending for kindergarten _____

Terms of Admission

1. A non-refundable application fee of \$75.00 must accompany this application. Please make check to “St. Francis Creche.”
2. Applications may be returned to at any time. However, applicants who have “priority status” (i.e. siblings, church members) need to return their applications no later than February 20, 2023 to maintain this status. Call the school for more information.
3. **Notification by email of acceptance occurs in late February.** Upon acceptance of enrollment, a non-refundable Registration Deposit equal to one ninth of the yearly tuition is due with your contract. The Registration Deposit is considered payment #1. Payments #2 - #9 are due on the first of each month September – April. In addition, a one-time activity fee is due in September.
4. Tuition is determined yearly and is divided into nine equal tuition payments. **The nine equal tuition payments for the 2022 - 2023 school year are as follows:**

Two days/week - \$360.00

Three days/week - \$495.00

Four days/week - \$625.00

Five days/week - \$785.00

I agree to make this application to register my child in St. Francis Creche Preschool and agree to comply with the terms set forth in this enrollment form.

Parent/Legal Guardian’s Signature _____ Date _____

Mail, Email or Bring Application to:

**St. Francis Creche
9220 Georgetown Pike
Great Falls, VA 22066**

703-759-2522 – Creche Office
creche@stfrancisgreatfalls.org