

**Walker Chapel Preschool**  
**4102 North Glebe Road**  
**Arlington, Virginia 22207**

Application Form

Date \_\_\_\_\_

Application Fee: \$35.00

Please check the class for which your child is applying/wait list:

\_\_\_ 2 year old  
Tues //Thur

\_\_\_ 3 year old  
Mon/Wed/Fri

\_\_\_ 4 year old  
Mon to Fri

Child's First and Last Name \_\_\_\_\_

Child's Birth Date \_\_\_\_\_ Child's Sex \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Contact Email address \_\_\_\_\_

	Mother	Father
Name		
Occupation		
Business Phone		
Cell Phone		

Do you have a Nanny? If yes, Name and Contact Info \_\_\_\_\_

Any Special custodial arrangements? \_\_\_\_\_

List any allergies your child has, including foods \_\_\_\_\_

Does your child have any physical or developmental special needs? \_\_\_\_\_

Is your child under a specialist care for any reason? Please explain. \_\_\_\_\_

\_\_\_\_\_

In an emergency, person to be notified (other than parent) and who, if necessary, could pick up your child

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please answer the following questions. If you answer “no” to any, please enclose a separate page to outline your wishes.

My child may be treated for minor scrapes and cuts. Yes \_\_\_\_\_ No \_\_\_\_\_

In an emergency, if you are unable to contact anyone at my home, work, the emergency numbers I have provided, or my child’s physician, I give you permission to use the Rescue Squad to transport my child to the Virginia Hospital Center-Arlington.

Yes \_\_\_\_\_ No \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy/Group# \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you a member of Walker Chapel UMC? Yes \_\_\_\_\_ No \_\_\_\_\_