

Falls Church-McLean Children's Center

7230 Idylwood Road, Falls Church, Virginia 22043

Fax (703) 534-4908 E-Mail: FCMLCC@aol.com

ADMISSION POLICIES

Children ages 2 to 6 years are eligible to attend the Center. An initial visit with both parent and child is required. The interview is a good opportunity for the parent to visit the Center, to ask any questions and to assess the appropriateness of the Center for their child. At this time, the parents will receive all necessary forms needed to enroll their child in the Center.

WAITING LIST

If enrollment at the Center is full, children are placed on a waiting list in numerical order from the time the application is made. In keeping with the mission of the Center, the Center commits 60% of its enrollment to children eligible for the Child Care Assistance Program. A completed application must be on file before a child is placed on the waiting list. When a space becomes available in the Center, the parent has (3) days to decide whether or not to enroll the child in the Center. If the parent does not enroll the child, the child's name will be removed from the waiting list if the parent is no longer interested, or left at the top of the waiting list if the parent prefers a later date.

Falls Church-McLean Children's Center

7230 Idylwood Road, Falls Church, Virginia 22043

Fax (703) 534-4908 E-Mail FCMLCC@aol.com

APPLICATION FOR ENROLLMENT

Please complete this application and return it to the office. There is a \$100 nonrefundable application fee for each child placed on the waiting list. When we receive your completed application and application fee, your child's name will be placed on the waiting list and you will be notified immediately when there is a space available.

Date: _____

Name of Child(ren) being enrolled:

Age

Sex

Birthdate

Mother's Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Employer: _____

Employer's Address: _____

Father's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

_____ **Work Phone:** _____

Employer: _____

Employer's Address: _____

Marital Status of Parents: _____

With whom does child(ren) live? _____

Who has legal custody of child(ren)? _____

Brothers/Sisters:

Age

Sex

Others Present in Home:

Relationship to Child:

Total Number in Home: _____

Has child previously attended a childcare center? No Yes

Name of Center: _____ **How Long?** _____

Is child toilet trained? No Yes

Comments: _____

Does your child have any special medical or educational needs: _____

Date when childcare is needed: _____

I am interested in participating in the Child Care Assistance Program.

No Yes

How did you find out about our Center? _____

Additional information that you would like the Center to know about your child or your family:

Parent Signature

We would appreciate being notified if you are no longer interested in a placement at the Center so we may remove your name from the waiting list. Thank You