

**St. Aidan's Episcopal Day School**  
**2022 -2023 Enrollment Application**  
 8531 Riverside Road, Alexandria VA 22308  
 www.staidansdayschool.org  
 director@staidansdayschool.org



**For Office Use Only**

Date Received \_\_\_\_\_  
 Church Legacy CF NF  
 \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male / Female Age on 9/30/22 \_\_\_\_yrs \_\_\_\_mos  
 Parent #1 Name: \_\_\_\_\_ Parent # 2 Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Is a parent a St. Aidan's Episcopal Church Member? Yes No  
 Has a parent, sibling, or child attended St. Aidan's Day School? Yes No  
 If new to St. Aidan's, have you scheduled a tour of the school? Yes No  
 List previous schools attended other than St. Aidan's. \_\_\_\_\_  
 Describe any allergies, development delays, or health issues: \_\_\_\_\_

Please share any information that might help us make an appropriate placement: \_\_\_\_\_

Indicate 1<sup>st</sup> and 2<sup>nd</sup> choices by placing a 1 or 2 in the line provided in the preferred class column. Final placement decisions are subject to the Director's discretion. Our goal is to place children in a class that is developmentally appropriate for them.

Name of Class	Class Options	Hours	Preferred Class
<b>Two-Year-Old Class</b> <b>Age Two by 8/31/22</b>	2 Day (T/Th) \$265	9AM - 11:45AM	_____
<b>Three-Year-Old Class</b> <b>Age Three by 9/30/22</b>	2 Day (T/Th) \$265	9:00AM -12:00PM	_____
	3 Day (M/W/F) \$335	9:00AM -12:00PM	_____
	5 Day (M-F) \$485 *must be potty trained by the 1st day of school*	9:00AM -12:00PM	_____
<b>Pre-K</b> <b>Four-Year-Old Class</b> <b>Age Four by 9/30/22</b>	3 Day (M/W/F) \$335	9:00AM -12:00PM	_____
	4 Day (M-Th) \$415	9:00AM -12:00PM	_____
	5 Day (M-F) \$485	9:00AM -12:00PM	_____
<b>Junior Kindergarten</b> <b>Five-Year-Old Class</b> <b>Age Five by 9/30/22*</b>	5 Day (M-F) \$585	9:00AM -1:00PM	_____

*\*Junior Kindergarten is intended for children who meet the state's recommended age requirement for Kindergarten but would benefit from another year in our nurturing environment. While priority is given to children turning 5 by Sept 30, students with fall birthdays may be enrolled if there is space available and both the Day School and parents feel the child is developmentally ready for a longer day and more challenging program. In addition to this application, JK applicants are required to fill out a Junior Kindergarten Parent Questionnaire.*



**St. Aidan's Episcopal Day School  
2022 - 2023 School Year**

**Supplemental Parent Questionnaire for Junior Kindergarten Applicant**

Junior Kindergarten is intended for children who meet the State's age requirement for Kindergarten, but who would benefit from another year in our nurturing environment. These children receive priority placement in JK. This program may also be offered to students with a fall birthday if there is space available and both the Day School and parents feel that a child is developmentally ready.

*I hereby authorize my child's current teacher to provide relevant information to St. Aidan's Episcopal Day School for purposes of my child's application to attend Junior Kindergarten.*

Current Teacher's Name \_\_\_\_\_ Current School \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Describe how your child interacts/reacts in a group setting (preschool, play groups, extracurricular etc.) \_\_\_\_\_

2. Tell us about your child's ability to adapt to change and make transitions. \_\_\_\_\_

3. Describe any special activities your child participates in or interests your child has: \_\_\_\_\_

4. Describe your child's greatest strengths: \_\_\_\_\_

5. Describe your child's greatest challenges: \_\_\_\_\_

6. Was your child born prematurely? \_\_\_\_\_. If yes, how many months \_\_\_\_\_

7. Have you ever had or do you currently have any questions/concerns about your child meeting developmental milestones? Yes No

If yes, please explain. \_\_\_\_\_

8. Has your child been screened for physical, emotional, cognitive, social, or developmental issues?

Yes No

If so, please describe: \_\_\_\_\_

9. Does your child have an IEP (Individualized Education Plan)? Yes NO

10. In the past 12 months, has your child participated in any: Speech Therapy, Occupational Therapy, Play Therapy, or Physical Therapy? If so, please describe: \_\_\_\_\_

11. Is there anything you would like to share with us about your child or family? \_\_\_\_\_

12. What do you hope your child will gain during this upcoming school year? \_\_\_\_\_