



**F.B. Meekins Preschool
Vienna, VA
2020-2021 Application for Enrollment**

Child's Name		Sex	
Nickname		Birth Date	
Child's Address			
Home Phone		Family Email	
Class (If your child can attend two options, rank as 1 st and 2 nd choice. Otherwise, select one.) Note: Age ranges listed are guidelines and are subject to change with Director approval.			
Ranking	Class	Days/week	Birthdate Range
	Yellows	T/Th	10/1/17 to 9/30/18
	Greens	M/W/F	10/1/16 to 3/31/18
	Blues	M/T/W/Th	10/1/15 to 3/31/17
	Reds	M/T/W/Th/F	10/1/15 to 9/30/16
	Reds/Kindergarten	M/T/W/Th/F	10/1/14 to 9/30/15
First Parent/Guardian's Name		Home Phone (if different)	
Address (if different)			
Employer		(Former) Occupation	
Office Phone		Cell Phone	
Second Parent/Guardian's Name		Home Phone (if different)	
Address (if different)			
Employer		(Former) Occupation	
Office Phone		Cell Phone	
Names of other Children in Family		Birth Date	School/Grade
Are you or have you formerly been a member of Meekins Preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Another cooperative preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No		Emmaus Church of Christ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about Meekins?			
Previous preschool experience of child. Include locations and dates.			

Member-families shall be selected by the Membership Coordinator and the Teacher Director. Selection of member-families shall be based on criteria which furthers the purposes of the Cooperative, and shall not be based on race, national origin, or religion.

Please complete the reverse side of this form.

The following information is requested to assist the school in determining if you or your child has special needs. Meekins does not exclude children with special needs if we can provide a safe, supportive environment. (See Meekins Medications policy.)

Special needs of parents (inability to climb stairs, difficulty lifting children, etc.)

Special needs of child (medications/treatments/allergies/food intolerance/conditions/behaviors)

Why are you considering F.B. Meekins Cooperative Preschool for your child?

[Empty text area for response]

Return completed application and a \$65 application fee (checks payable to F.B. Meekins Preschool) to:

F. B. Meekins Preschool, c/o Membership Chair, P.O. Box 746, Vienna, VA 22183

Completion of this form does not guarantee admission. You will be notified when your child has been admitted.

Official Use Only		
Amount Paid: <input type="checkbox"/> Check Check #: <input type="checkbox"/> Credit Card (Open House only)	Date of Tour: Tour given by: Open House? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes: