



Sydenstricker School, Inc.

7001 Sydenstricker Road • Springfield, Virginia 22152 • 703-451-4141

www.sydenstrickerschool.com

January 9, 2019

Dear Parents,

From January 7, 2019 through February 1, 2019, Sydenstricker School will accept 2019-2020 registration applications from students presently enrolled and any new family members planning to attend during the upcoming school term. It is necessary for current students that plan to remain at Sydenstricker, to reserve a slot for the upcoming school year. Please be aware that the school has already received many inquiries for the upcoming 2019-2020 school term, so please be sure to reserve your child's slot before they become available to the public.

Once you fill out the registration forms, **please remit the annual Registration Fee of \$100.00 and Activity Fee of \$150.00 at the same time.** Once both fees have been received, your child's slot will be secured. **This is an annual fee.** Thank you in advance.

If your child is ready to enter kindergarten, consider leaving them at Sydenstricker School, where the smaller class size allows us to give your child the individual attention that will be a significant key to their future academic success. Our tuition fees for the 2019-2020 school term will be available online in PDF format for your review. **Starting February 4, 2019, Sydenstricker School will be opening the registration process to the general public.** The first day of school is August 26, 2019.

The staff at Sydenstricker School is very proud of the school's excellent reputation in the community and the high standards we maintain. We are dedicated to continue our excellence in education with your children as our top priority. We thank our current and previous customers for acknowledging Sydenstricker's dedication to teaching and providing the environment for your children to excel academically and socially. Please continue to recommend Sydenstricker to your friends and neighbors.

For your convenience, you will be able to **DOWNLOAD ALL FORMS** from our web site. Upon completing the appropriate forms, please turn them into the Sydenstricker office. Please feel free to contact us either by e-mail or phone should you have any questions. We look forward to providing all of our Sydenstricker students with a happy and stimulating atmosphere, using the latest and most effective educational materials.

Sincerely,

The Sydenstricker School Administrative Team



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Dear Parents:

Enclosed you will find the necessary forms to continue your child's education at Sydenstricker School. Please be reminded these pages can be downloaded from our website. If you have any difficulty, e-mail or call us and we will ensure you receive the forms.

Please provide your home or work e-mail address. This will allow us to communicate and forward any forms that might be needed to make certain your child's school folder is complete as required by the Virginia Department of Social Services. Forms will be provided as PDF's. If you denote your work e-mail as your primary means of communication, please make certain that our Sydenstricker e-mail address and attachments are accepted. Many local, state and federal government agencies do not accept outside e-mails anticipating junk e-mail. Thanks in advance for assisting us to communicate by the internet.

We look forward to helping your children continue their education at Sydenstricker and working in partnership with you.

Our main goals are to provide continuing progress in social, emotional and academic development for your child in a safe and nurturing environment. Thank you for trusting our dedicated staff.

Sincerely yours,

The Sydenstricker School Administrative Team



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CHILD'S NAME _____
LAST NAME FIRST NAME MIDDLE

NAME CHILD IS CALLED _____ AGE _____ BIRTH DATE _____ SEX: M F

HOME ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE _____ HOME E-MAIL _____

FATHER'S NAME _____ FATHER'S E-MAIL _____

FATHER'S ADDRESS (IF DIFFERENT) _____
STREET CITY STATE ZIP

FATHER'S EMPLOYMENT _____ FATHER'S CELL _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP WORK PHONE

MOTHER'S NAME _____ MOTHER'S E-MAIL _____

MOTHER'S ADDRESS (IF DIFFERENT) _____
STREET CITY STATE ZIP

MOTHER'S EMPLOYMENT _____ MOTHER'S CELL _____

BUSINESS ADDRESS _____
STREET CITY STATE ZIP WORK PHONE

AUTHORIZATIONS:

EMERGENCY MEDICAL CARE

Doctor	Address	Phone
Dentist	Address	Phone
Hospital	Address	Phone

In the event that my/our child becomes ill or sustains an injury while in the care of Sydenstricker School, I/we give permission to those in charge to take whatever steps are necessary to obtain medical treatment.

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot be reached.

Registration Fee **MUST BE SUBMITTED** with this form to confirm your child's reservation. Health Forms **MUST BE SUBMITTED** before entering school. A copy of TUITION RATES, TEN MONTH PAYMENT SCHEDULE AND SCHOOL POLICY have been provided to me for information regarding enrollment. All sections applicable and noted have been read and understood. We agree that the regulations contained herein will be complied with.

DATE _____ SIGNATURE OF MOTHER _____

DATE _____ SIGNATURE OF FATHER _____



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ATTACHMENT TO REGISTRATION

Date of Application: _____ Approval of Registrar: _____

Name of Child: _____ Date of Birth: _____

Give us your reasons for choosing Sydenstricker: _____

Does your child have special needs? Helpful hints are appreciated. _____

Has your child previously attended a Pre-School or Daycare Center? _____

Name of School or Daycare Center: _____

From: _____ To: _____

Reasons for leaving: _____

All children entering Sydenstricker will be given a two week adjustment period to make certain that the placement into the appropriate age group is a good fit for the new student.

Admittance to Sydenstricker requires the following:

1. The completion of all Enrollment Forms
2. Full Payment of all Fees including the Registration Fee, Activity Fee and Book Fees (In case of a late enrollment, the First and Last Tuition Payment is also required.)

Parent Signature: _____ Date: _____

E-mail: _____ Home or Cell Phone: _____



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Schedule One: Fees and Information for Half Day or Part Time Students.

2019-2020 SCHOOL TERM & FEES: EFFECTIVE JUNE 2019

The school year begins with **Open House on August 23, 2019**. **Classes start on August 26, 2019** and tentatively end on **June 11, 2020** depending on Fairfax County school calendar and inclement weather adjustments.

CLASS PROGRAM FEES:

Our tuition is an annual fee divided into ten equal payments. **FIRST PAYMENT** is due June 1st. **SECOND PAYMENT** is due September 1st. **FINAL PAYMENT** is due May 1st. Students entering the school year during mid-term will be required to make a double payment which will cover the initial fee for the first and last month of classes.

BILLS WILL NOT BE MAILED. Tuition payments are due and payable **IN ADVANCE** on the **FIRST OF THE MONTH** and should be received **NO LATER THAN THE 5TH**. A \$35.00 **LATE FEE** WILL BE CHARGED for payments received after this date. Returned checks will not be redeposited, and a service charge of \$50.00 is due in addition to the tuition amount for the returned check.

CLASS PROGRAMS	TIME	REGISTRATION FEE (YEARLY)	YEARLY TUITION	MONTHLY TUITION
5-Day AM Pre-School Program 3's	9:00 AM - 11:45 AM	\$100.00	\$4,750.00	\$475.00
5-Day AM Pre-School Program 4's	9:00 AM - 11:45 AM	\$100.00	\$4,750.00	\$475.00
3-Day AM Pre-School Program 3's	9:00 AM - 11:45 AM	\$100.00	\$4,000.00	\$400.00
5-Day Full Day Program (3's and 4's)	9:00 AM - 3:00 PM	\$100.00	\$8,250.00	\$825.00
5-Day Full Day Program (Kindergarten)	9:00 AM - 3:00 PM	\$100.00	\$7,990.00	\$799.00

- A five (5%) percent tuition assistance discount is given for a second child.
- **FULL CARE IS AVAILABLE.** Please refer to **SCHEDULE TWO** for fees.
- Children should **ARRIVE fifteen (15) minutes PRIOR** to class time to socialize with their classmates.
- A four (4) week written notice is required if a student is to be withdrawn from school.

REGISTRATION FEE - \$100 per student • ACTIVITY FEE - \$150 per student

Registration and Activity Fee are **PAYABLE WITHOUT EXCEPTION WITH THE APPLICATION FOR ADMISSION**. A slot will NOT be secured without payment of these fees. The Registration Fee is **SEPARATE** from the tuition and is **NON-REFUNDABLE**. **The Activity Fee covers:** Administrative Fees, Classroom Supplies, Accident Insurance, select Field Trips, the Spring Festival, the Lunch Box and Sydenstricker Bag.

BOOK FEE - 3's - \$50 per student • 4's - \$190 per student • K - \$250 per student

All students entering Sydenstricker School will be required to purchase their respective curriculum book kits that includes all books, workbooks, and writing tablets. **Book Fees are due July 1st, August 1st. Students enrolling after August 1st: All book fees are due with registration fee.**

HOURLY CARE - \$15.00 per hour

The school provides care before and after regular class periods. The correct amount is due at pick-up.

READING PROGRAM:

Sydenstricker's Academic Approach to reading is unique. Every student presently attending the school is experiencing a different phase of this reading process which will be the foundation for a successful learning experience. The excitement and enthusiasm this accomplishment creates is tremendous and we feel it is the greatest gift we can give our students.

The school offers a traditional academic program in a unique first school setting. Small class sizes and high expectations allow for tremendous individual growth and development in every area. We provide a stable and predictable atmosphere for learning. We focus on cognitive abilities, language expansion, math and number manipulation, and handwriting. We utilize the A Beka curriculum because of its strong emphasis on phonics. **OUR STANDARDS ARE HIGH.** We wish to develop the total child.



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Schedule Two: Fees and Information for Extended Care Students (include Academic Curriculum).

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REGISTRATION	MONTHLY	4 FULL DAYS	3 FULL DAYS
\$100.00 Paid Yearly	\$1,090.00	\$985.00 Monthly	\$910.00 Monthly

Book Fees are due July 1st, August 1st. Students enrolling after August 1st: All Book Fees are due with Registration Fee of \$100 and Activity Fee of \$150.00. A five (5%) percent tuition assistance discount is given for a second child.

HOURS OF OPERATION:

Hours of operation: 7:00 AM to 6:00 PM. Pickup policy after 6:00 PM: First five (5) minutes @ \$1.00 per minute. After five minutes, the penalty is \$5.00 per minute. Fee is due at pick-up or the following day.

At Sydenstricker School, parents and teachers working together bring about a wonderful first school experience. If, however, for some reason, a child cannot make the necessary adjustment then we may suggest that parents consider waiting for another year before re-admitting their child. **In case of a working parent, we would suggest a homecare provider.** This will allow time for the child to mature a little more. Physical disciplinary actions WILL NEVER be taken against a child. All concerns and problems will be thoroughly discussed with the parents and teachers of the school. On rare occasions, students are unable to adapt to the program. For these isolated cases, the school will assist to relocate students to the most appropriate program available in our area. The school will allow two (2) weeks for relocation.

LUNCHES:

Food service IS NOT PROVIDED. Our parents have preferred to prepare their children's lunches. **PARENTS KNOW BEST** what their children like and do not like. We have light breakfast items available per parental request. The school also offers a variety of snack choices provided to the children on a daily basis.

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REGISTRATION FEE - \$100 per student • ACTIVITY FEE - \$150 per student

Registration and Activity Fee are PAYABLE WITHOUT EXCEPTION WITH THE APPLICATION FOR ADMISSION. A slot will NOT be secured without payment of these fees. The Registration Fee is SEPARATE from the tuition and is NON-REFUNDABLE. **The Activity Fee covers:** Administrative Fees, Classroom Supplies, Accident Insurance, select Field Trips, the Spring Festival, the Lunch Box and Sydenstricker Bag.

BOOK FEE - 3's - \$50 per student • 4's - \$190 per student • K - \$250 per student

All students entering Sydenstricker School will be required to purchase their respective curriculum book kits that includes all books, workbooks, and writing tablets. **Book Fees are due July 1st, August 1st. Students enrolling after August 1st: All book fees are due with registration fee.**



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PROOF OF IDENTITY

We are providing Sydenstricker School a copy of our child's birth certificate. YES NO

If we do not agree to provide a copy of our child's birth certificate then proof of identity is established by:

- Birth Registration Card
- Notification of Birth
- Passport
- Copy of the Placement Agreement
- Record from a Public School in Virginia
- Copy of Entrustment Agreement

 Parent Signature

 Date

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Document Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.



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INFECTION CONTROL

It is inevitable that children will get sick. As children begin to have contact with the world outside that of their own families, they come into contact with germs and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor do we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. We do, however, want to protect children from an unusually high exposure to germs all at once.

In a school setting, children come in contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at the school will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are spread by germs which may be spread in several ways. Intestinal tract infections are spread by stool. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful hand washing by staff and children eliminates approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those that are well and working to maintain sanitary conditions throughout the school.

You, the parents, can help us in an effort to keep your children healthy. We ask your cooperation in the following ways:

- If your child has been exposed to any communicable disease, we ask that you notify us of the exposure.
- If your child shows any of the symptoms listed below, you will be called and asked to come immediately and get your child. Please help us protect the other children and come promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says its acceptable to return.

The symptoms include:

- Fever – 100 degrees orally (or higher)
- Severe coughing – child gets red or blue in the face – child makes high pitch croupy or whooping sounds after the coughs
- Difficult or rapid breathing
- Yellowish skin or eyes
- Pinkeye – tears, redness of eyelid lining, followed by swelling & discharge of pus
- Diarrhea
- Unusual spots or rashes
- Sore throat or trouble swallowing
- Infected skin patches
- Headache and stiff neck
- Vomiting (of any kind)
- Severe itching or body or scalp

If your child has any of the aforementioned symptoms, appears cranky or less active than usual, or just seems generally unwell, your child must be left at home. A child must be symptom free for 24 hours before returning to school unless cleared by a Physician.

PARENTAL AGREEMENT

Child's Name: _____

I have read and understand the attached infection control policy, and I agree to abide by them for the protection of my child as well as the other children and staff members at Sydenstricker School.

Parent • Guardian Signature

Date



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PARENT • SCHOOL PROCEDURE AGREEMENT

Is your child living with both parents? Yes No

Is the address the same as indicated on the application form? Yes No

List two (2) emergency contact persons; one can be a grandparent living out of state.

Name: _____ Home AND Cell: _____

Address: _____

Name: _____ Home AND Cell: _____

Address: _____

List allergies and intolerance to substances: _____

Person or persons AUTHORIZED TO PICK-UP CHILD: (List below)

1. Sydenstricker School agrees to notify the Parent/Guardian whenever the child becomes ill and the Parent/Guardian agrees to pick up the child as soon as possible.
2. The Parent/Guardian authorizes Sydenstricker School to obtain immediate medical care when Parents and emergency contact persons cannot immediately be reached.
3. As a parent, I will make sure that my child safely enters the school building. I acknowledge that all traffic is one way, with no backing up in the school circle. My car/vehicle will be turned off (keys removed). I WILL NOT LEAVE UNATTENDED CHILDREN IN MY CAR. Our teachers will be certain that your child is returned to you safely.
4. Parents of all students are required to sign out their children on a daily basis and noting the time of pick-up. (Sign out list is located in the dismissal basket).
5. I agree to notify the school when my child gets a contagious illness, enabling the school to prevent it from spreading unnecessarily.

Parent Signature

Parent



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EXTENDED CARE

My Child, _____, will attend Sydenstricker School from:

9:00 AM - 11:45 AM	Pick up time: 11:45 AM	Yes: _____	No: _____
9:00 AM - 3:00 PM	Pick up time: 3:00 PM	Yes: _____	No: _____
7:00 AM - 6:00 PM	Pick up time: 6:00 PM	Yes: _____	No: _____

I am aware that I am contracting for the ABOVE listed time and that any deviation from that schedule will result in additional charges PAYABLE upon PICK-UP. I am also aware that EXTENDED CARE terminates at 6:00 PM and I will avoid LATE CHARGES BY PICKING UP ON TIME.

HOURS OF OPERATION

- Our standard hours of operation are from 7:00 AM to 6:00 PM.
- Half day hours are from 9:00 AM to 12:00 PM.
- Full day hours are from 9:00 AM to 3:00 PM.

LATE PICKUP POLICY

In the event that a child is not picked up by their designated time, the staff member on duty will first call the child’s parent and if they are unable to reach a parent, they will then call from the child’s emergency pick up list. A message will then be left for the parent.

There is a late pick up penalty is of \$1.00 per minute for the first 5 minutes and \$5.00 a minute there after. A notice/bill will be presented to the parent and a copy will be placed in the student’s folder.

I have reviewed all information on this page and confirm the noted information is correct.

Parent Signature

Date



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TRANSPORTATION POLICY AGREEMENT

I, _____, agree that:

- My vehicle shall be in safe operating condition and shall display a current inspection sticker.
- I will check the gas, oil, window washer fluid supply and tire pressures.
- My vehicle shall be clean and free of any obstructive debris on floors and seats.
- A first aid kit shall be on board.
- I will inform the school of any moving violations past or future.

When loading and unloading passengers:

- I will stop at the curb, out of the way of traffic, and on a side street instead of a busy street.
- I will use my flashing lights.
- I will supervise children boarding and leaving the vehicle.
- I will supervise children crossing any street to get to or from the vehicle.
- I will ensure that the children exit and enter the vehicle one at a time.
- I will check the signed permission slip for each child.
- I will maintain a roster and emergency contact information for each child.

I have reviewed all information on this page.

Parent Signature

Date



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STUDENT OPT OUT FORM

SCHOOL BREAKFAST/SNACKS

In order to ensure that we respect your child's dietary needs and/or restrictions, Sydenstricker School maintains the following policy (Section 3.5 of the Sydenstricker Parent Handbook): "...Students with any dietary restrictions, due to allergies, medical needs, or lifestyle preferences, must have all snacks provided for them by their parents/guardians. These students will not be counted in the regular classroom snack list. There will be no exceptions."

I would like to opt out my child _____ out of the school breakfast/snack schedule for the following reason (please circle one):

Dietary Restrictions • Food Allergies • Medical Needs • Lifestyle preferences • Other _____.

I understand that I will be responsible for providing all snacks for my child to include: breakfast, morning, afternoon and special occasions.

INSECT REPELLENT

I, _____ DO NOT want my child _____ to be sprayed with insect repellent provided by the school. I, _____, WILL PROVIDE insect repellent for my child _____.

Spray log in date _____

WEB PERMISSION

We are excited to be able to share new information through our web site, www.sydenstrickerschool.com. Updated school information, including school closings, late openings, and field trip information, will be posted. Names of children will not be made public anywhere, but we do need permission for your child's photo to be posted online.

- Yes, my child _____ has permission to be photographed participating in school activities. These photographs can be placed on the school's web site.
- No, I do not wish photographs of my child _____ to be posted on the web site.

I have reviewed all information on this page and confirm the noted information is correct.

Parent Signature

Date