



Sydenstricker School, Inc.

7001 Sydenstricker Road • Springfield, Virginia 22152 • 703-451-4141
 www.sydenstrickerschool.com

2019 SUMMER PROGRAM

Existing student: New student:

CHILD'S NAME _____
LAST NAME FIRST NAME MIDDLE

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

HOME ADDRESS _____
STREET CITY STATE ZIP

PRIMARY PHONE _____ PRIMARY E-MAIL _____

Please indicate the weeks you would like for your child or children to attend.

Monday - Friday • Ages 3 to 6 • Second child 5% discount

- _____ Full Day: 7:00am - 6:00pm \$285/week
- _____ Full Day/3 Days: 7:00am - 6:00pm \$230/any three days selected
- _____ Half-day: 8:30am - 11:45am \$195/week
- _____ Partial Full Day: 9:00am - 3:00pm \$245/week
- _____ Single Day: 7:00am - 6:00pm \$110/day

Select dates that meet your needs • Total the program tuition fees • Sign and return this form to office

Week	Dates Available:	Weekly Theme:	Tuition:	=	Total Fees
1.	6/24 – 6/28	Dr. Seuss	\$ _____		\$ _____ Please total fees for those weeks and dates requested. Payments to be made monthly and no later than the 5th of each month.
2.	7/1 – 7/5 <i>(closed 7/4)</i>	Community Helpers	\$ _____		
3.	7/8 – 7/12	STEAM	\$ _____		
4.	7/15 – 7/19	Space Explorations	\$ _____		
5.	7/22 – 7/26	Lights, Camera, Action!	\$ _____		
6.	7/29 – 8/2	Disney	\$ _____		
7.	8/5 – 8/9	Safari Adventures	\$ _____		
8.	8/12 – 8/16	Under the Sea	\$ _____		

Morning & afternoon snacks are provided. Students will need to bring their lunches. We are not restricted

DATE _____ SIGNATURE OF MOTHER _____

DATE _____ SIGNATURE OF FATHER _____



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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.

There is no Registration Fee NECESSARY with this form to confirm your child's reservation. Existing students Health Forms WILL be maintained. A folder for a second child will be created and you must provide current immunization records. Necessary forms will be requested. FEES and SCHEDULE noted above. SCHOOL POLICY has 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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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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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