

Office Use Only

Child's Name: _____
 D.O.B. (MM/DD/YYYY): _____
 Start Year: *September* _____
 Sibling(s) on Wait List: YES NO



Date Received: _____
 Received By: _____
 Check #: _____

PRESCHOOL ENROLLMENT DEPOSIT CONTRACT

[Please use one Deposit Contract form per child.]

I would like to enroll my child, (child's full name) _____
 in Hunter Mill Country Day School's (HMCDS) Preschool Program (Ages 2 to 5).

I understand that HMCDS operates on the same schedule as Fairfax County Public Schools and thus each new school year begins in September and runs through June. Summer Session enrollment is handled separately.

I understand HMCDS starts their enrollment process in March and it runs through late May, for each upcoming school year. This is when most new openings occur. Usually there are additional openings as enrollment progresses and during the summer as other people's plans change and typically only a few openings occur during the school year.

I understand that class placement is at the sole discretion of HMCDS and is based primarily on the child's age at the start of the school year, although other factors may also be considered and classes do sometimes have age overlap.

I have indicated below the schedule I want. I understand that HMCDS is open from 6:30am to 6:30pm. An "A" indicates all day, "AE" indicates all day with 4pm dismissal (Tuesdays through Thursdays only) and "L" indicates 9 to 1pm. I understand if my schedule needs change that I must put it in writing or it cannot be considered.

MON	TUES	WED	THURS	FRI

I have flexibility in my schedule and would like HMCDS to consider this in placement. I have indicated below alternatives I will accept. I understand HMCDS will always try to give me my first preference.

I have attached my check in the amount of \$100 for the deposit. I understand that this \$100 will be credited toward the first month's tuition. The deposit is non-refundable.

Parent's Signature: _____ Parent Name: _____
 Other Parent Name: _____ Work Phone: _____
 Home Address: _____ Home Phone: _____
 City: _____ State: ____ Zip: _____ Email: _____

DEPOSIT CONTRACT RECEIPT

Office Use Only

Child's Name: Start Year: <i>September</i>	Date Received: Received By: Check #:
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Your \$100 deposit places your child's name on our waiting list. It is non-refundable. Any changes from the original schedule requested must be put in writing to be considered and will be appended to the original Preschool Enrollment Deposit Contract form.