



**ACADEMY CHILD DEVELOPMENT CENTER, INC**

at Galway Elementary School  
12612 Galway Drive, Silver Spring, MD 20904  
(301) 586-0080

Email- [Galway@academychild.com](mailto:Galway@academychild.com) www.academychild.com

**6:30 a.m.-6:30 p.m.**

**APPLICATION 2011-2012**  
**PRESCHOOL & PREKINDERGARTEN PROGRAMS**

STUDENT _____	D.O.B. _____ M OR F _____
Sibling Enrolled? _____ Requested Start Date: _____	MCPS home school: _____
STREET _____	HOME PHONE _____
CITY/ZIP _____	E-MAIL _____
MOTHER/GUARDIAN _____	CELL _____
EMPLOYER _____	WORK PHONE _____
FATHER/GUARDIAN _____	CELL _____
EMPLOYER _____	WORK PHONE _____

Indicate Program Below. (Priority given to full time students.)

\_\_\_\_\_ **Nursery Preschool** (3 yrs. by 9/1)  
 9:15 A.M.- 12:15 P.M. Monday-Friday \_\_\_\_\_ MWF \_\_\_\_\_ TTH \_\_\_\_\_  
 9:15 A.M.- 3:15 P.M. Monday-Friday \_\_\_\_\_ Extended + child care program \_\_\_\_\_

\_\_\_\_\_ **Pre-Kindergarten Preschool** (4 yrs. by 9/1)  
 9:15A.M. - 3:15 P.M. Monday-Friday \_\_\_\_\_ Extended + child care program \_\_\_\_\_

\_\_\_\_\_ **MCPS Pre-K child care** MCPS Session? \_\_\_\_\_ 3.5 hour care \_\_\_\_\_, Extended+ child care program \_\_\_\_\_

A non-refundable, annual application fee of \$25 and an enrollment fee of \$75 (per family) are required to secure application. After acceptance, a \$50 activity fee the security deposit of \$250 is due. **Your child must attend the new program at least one (1) month and give director a one (1) month written notice of withdrawal to be eligible for a security deposit refund.**

**If your child has been professionally evaluated, attach a copy of the IFSP, IEP or other evaluation.**  
**\*\*Please explain any request for special accommodations on the back of this form.**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**ALL REMAINING FORMS MUST BE COMPLETED & ON FILE ONE MONTH PRIOR TO ENTRY.**  
**A CONFIRMATION LETTER WILL BE SENT. QUESTIONS? CONTACT YOUR CENTER DIRECTOR.**

<b>Office use –</b>	
Interview Date/Staff Initial: _____	Copy to office/Staff Initial: _____
Application fee: _____	Date: _____ CK#: _____
Enrollment fee: _____	Date: _____ CK#: _____
Security Deposit: _____	Date: _____ CK#: _____
Activity Fee: _____	Date: _____ CK#: _____
Monthly Tuition: _____	Prorated First Month? _____
Program: _____	Start Date: _____

**ACADEMY HAS A NON-DISCRIMINATORY ADMISSIONS POLICY. ADMISSION IS ON A TRIAL BASIS.**



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**Parent Interview Questionnaire for New Applicants**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

How did you find out about Academy? \_\_\_\_\_

What is your reason for enrolling your child in a program? \_\_\_\_\_

What are you looking for in a school? \_\_\_\_\_

Why do you think Academy is a good match for your child? \_\_\_\_\_

In which particular areas would you like to see growth in your child? \_\_\_\_\_

Please describe any special talents, hobbies or interests your child has: \_\_\_\_\_

Does your child have any physical, social, emotional or intellectual developmental needs? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Is there additional information you would like us to know about your child? \_\_\_\_\_

**\*\*If you or your child requires any special accommodation(s) in a group setting, explain here.**

How will you share important information with us? \_\_\_\_\_

Academy encourages center/family partnerships. What will you do to enhance this relationship? \_\_\_\_\_

Do you have any special talents or skills that you would share? \_\_\_\_\_

List two schools/references that we may contact such as teachers or licensed care providers who have worked professionally with you and your child (Do not list family members)

NAME                                      RELATIONSHIP                                      PHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_