



# ST. FRANCIS CRECHE PRESCHOOL ENROLLMENT APPLICATION 2026-2027

*St. Francis Creche accepts all children without regard to race, color, religion, sex or national origin. Tuition assistance is available. Please contact the office for more information.*

## For Office Use Only

Received \_\_\_\_\_ Check# \_\_\_\_\_

Program \_\_\_\_\_ Deposit \_\_\_\_\_

Notes:

## Creche Preschool Classes:

### 2 & 2 ½-Year Old Classes

Must be 2 by 9/30/26

2 days – W/F (2-2.4yrs)

3 days – M/T/TH (2.5-3yrs)

5 day option

### Three-Year Old Classes

Must be 3yrs by 9/30/26

3 days – M/T/TH(3-3.4yrs)

3 days – M/W/F (3.5-4yrs)

5 day option

### Four-Year Old Class

Must be 4 – 4.4 yrs by 9/30/26

4 days T-F

5 day option

### 4 ½-Five-Year Old Class

Must be 4.5 yrs by 9/30/26

5 days – M - F

*Please note: The Creche preschool is unable to accept specific teacher and/or classmate (including siblings) requests. A minimum of 8 students are needed for a class. We may combine classes if there are less than eight students.*

Child's Name: \_\_\_\_\_ Name you wish your child to be called: \_\_\_\_\_

Child's Birth date: \_\_\_\_\_  
Month Day Year

Sex:  M  F

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Number Street City State

Primary Phone Number: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Parent/Guardian Name(s)	Relationship	Phone Numbers		
		Place of Employment: _____	Cell: _____	Other: _____
Email Address: _____		Work Number: _____		
		Place of Employment: _____	Cell: _____	Other: _____
Email Address: _____		Work Number: _____		

*Include Child's name, Parent's Name(s), Address, primary Phone Number and Email Address(es) in the Creche Directory (distributed to Preschool families only)? Yes  No*

Others in Child's Home: Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_

Other Adults: \_\_\_\_\_ Ages: \_\_\_\_\_

Other siblings:

Primary language spoken at home \_\_\_\_\_ Secondary language spoken (if any) \_\_\_\_\_

Does your child speak English? Yes  No  Limited

Has your child ever received any developmental, educational or behavioral evaluations? Yes  No

Does your child have an IEP, an Individualized Education Plan? Yes  No

Has your child ever received or is currently receiving any extra therapies or services? Yes  No

Please let us know any pertinent medical, psychological, or emotional issues regarding your child so that we may better serve his/her needs. (Note: This information is confidential and will NOT influence acceptance decisions): \_\_\_\_\_

Does your child have any special dietary or allergy restrictions that we need to be aware of? If yes, please elaborate: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_ Place of Worship \_\_\_\_\_  
*Please note: St. Francis Creche is open to children of all faiths, races, ethnic backgrounds and nationalities*  
Previous school(s) attended \_\_\_\_\_ Permission to contact school(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for leaving previous school \_\_\_\_\_

Are you a member of St. Francis Church? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child attend SFC Sunday School? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to receive information about St. Francis Episcopal Church? Yes \_\_\_\_\_ No \_\_\_\_\_

Where did you learn of our Creche School? \_\_\_\_\_

Elementary school you child will be attending for kindergarten \_\_\_\_\_

#### **Terms of Admission**

1. A non-refundable application fee of \$75.00 must accompany this application. Please make check to "St. Francis Creche."
2. Applications may be returned to at any time. However, applicants who have "priority status" (i.e. siblings, church members) need to return their applications no later than February 20, 2023 to maintain this status. Call the school for more information.
3. **Notification by email of acceptance occurs in late February.** Upon acceptance of enrollment, a non-refundable Registration Deposit equal to one ninth of the yearly tuition is due with your contract. The Registration Deposit is considered payment #1. Payments #2 - #9 are due on the first of each month September – April. In addition, a one-time activity fee is due in September.
4. Tuition is determined yearly and is divided into nine equal tuition payments. **The nine equal tuition payments for the 2026 -2027 school year are as follows:**

**Two days/week - \$390.00**

**Three days/week - \$530.00**

**Four days/week - \$675.00**

**Five days/week - \$835.00**

I agree to make this application to register my child in St. Francis Creche Preschool and agree to comply with the terms set forth in this enrollment form.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail, Email or Bring Application to:**

**St. Francis Creche  
9220 Georgetown Pike  
Great Falls, VA 22066**

703-759-2522 – Creche Office  
[creche@stfrancisgreatfalls.org](mailto:creche@stfrancisgreatfalls.org)