

APPLICATION FOR ENROLLMENT

Lake Anne Nursery Kindergarten, Inc.
12021 North Shore Drive
Reston VA 20190
TEL: (703) 437-0035 FAX: (703) 437-0243

2024-2025

Child's Full Name _____ Preferred Name _____ **DOB** _____

Address _____ City, State _____ Zip _____

Parent #1 Information

Parent #2 Information

Name _____

Name _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Work Number _____

Work Number _____

Additional Child Information

Other Children in Family (and ages) _____

Child's Preschool Experience _____

Name of Doctor _____ Phone _____

My child is allergic to the following (please be specific) _____

For Office Use Only:

Birth Certificate or Passport Verification

Session and Program Preferred (please check the appropriate box):

- AM Junior Preschool 5 Day (for children who will turn 2 by September 30th)
- AM Junior Preschool 3 Day (MWF) (for children who will turn 2 by September 30th)
- AM Junior Preschool 2 Day (TR) (for children who will turn 2 by September 30th)
- AM Junior Preschool Bridge (MTR) (for children who will turn 3 in October, November, December, or January)
- AM 4 Day (TWRF) (for children who turn 3 before September 30th)
- PM 4 Day (TWRF) (for children who turn 3 before September 30th)
- AM 5 Day (for children who turn 3 before September 30th)
- AM 5 Day (for children who turn 4 before September 30th)
- PM 5 Day (for children who turn 4 before September 30th)
- Full Day for 4 and 5 year olds (for children who turn 4 before September 30th)

*Full Day is equivalent to 5 Day AM program plus 5 Day Explore and More

Explore and More: Specify Day or Days _____

Explore and More is designed for our 4 and 5 day AM Preschool and Pre-K programs

APPLICATION FEE \$150 Check payable to LANK invoice my account on file

I have received and understand LANK's policy on Application Fee refunds and credits.

Signature of Parent or Guardian _____ Date _____