

The logo features a stylized red apple with two green leaves on top, positioned above the letter 'O' in the word 'Orchard'.

Orchard Hills

day school

Thank you for your interest in Orchard Hills Day School!! We are a ministry of Orchard Hills Church and are located on the lower level of the church's new children's building. Our brand-new classrooms and unique indoor play area are a great place to learn and play!

Our vision is to provide a high-quality preschool program that prepares children for elementary school, while also delivering individualized, loving infant and toddler care. We serve children between the ages of 6 weeks and pre-k, and we also provide afterschool care for elementary school children. All children between the ages of 2 and 5 will participate in the preschool program between 9 am and noon. The rest of the day will be filled with fun and play.

We are open Monday through Friday 6:30 am to 6 pm.

To enroll your child, please submit the attached application and a registration fee of \$60 to the school's office. Children are placed in classrooms in the order in which applications are received. If your child is placed on a waiting list, you will be notified. All forms must be completed and submitted before your child can attend school.

Registration fees are non-refundable unless a class is full and your child is placed on a waiting list.

For complete information about the school, please visit our website.

6032 Cloverdale Road, Roanoke, VA 24019
www.orchardhillsdayschool.com
540.627.6133



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Application for Enrollment

Date you'd like care to start _____ . Please mark the type of care you are interested in.

<p style="text-align: center;">Infant/Toddler Care</p> <p>_____ Infants (6 weeks to 16 months) _____ 5 full days/week</p> <p>_____ Toddlers (16 to 24 months) _____ 5 full days/week</p> <p style="text-align: center;">Afterschool Care</p> <p>_____ 3 days/week _____ 5 days/week</p> <p>Will your child need full day care on days when elementary schools are closed? Yes No</p>	<p style="text-align: center;">Preschool</p> <p>_____ 2 year olds _____ 5 full days/week _____ 5 half days/week</p> <p>_____ 3 year olds _____ 5 full days/week _____ 5 half days/week</p> <p>_____ Pre-k (those who will attend kindergarten the following year) _____ 5 full days/week _____ 5 half days/week</p>
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Information about your Child

Child's Full Name (First, Middle, Last)	Preferred Name	Sex M F	Birth Date	Age
Complete Address	Home or cell phone	Child's Social Security Number		
Allergies	Primary language spoken in your home	Ethnic background		

Parent/Guardian Information

Please make sure the office always has a current e-mail address and cell phone number.

We will use these methods to contact you in case of emergency.

Father's Name	Employer	Occupation
Complete Home Address		E-mail Address
Home Phone	Work Phone	Cell Phone
Mother's Name	Employer	Occupation
Complete Home Address		E-mail Address
Home Phone	Work Phone	Cell Phone

Emergency Contacts (these will only be used if parents/guardians cannot be reached)

1. Name & Relationship to the Child	Complete Address	Home phone Cell phone
2. Name & Relationship	Complete Address	Home phone Cell phone Work phone
List all people authorized to pick up your child		
List all people NOT authorized to pick up your child		

Emergency Care Information

Please describe any health/physical problems: _____

Are any special accommodations required? _____

Other important information (fears, special circumstances) _____

Current Medications _____

Physician's Name _____ Phone number _____

Complete Address _____

Dentist's Name _____ Phone number _____

Complete Address _____

Health Insurance Carrier _____ Policy number _____

Complete Address _____

Family Information

Parents' Marital Status: Married _____ Separated _____ Divorced _____ Single _____ Widowed/er _____

Is this child adopted? Yes No

Other members of the family living in your home (brothers, sisters, grandparents, etc)

Name	Age	Relationship	School Attending	Name used by child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your child potty trained? Yes No

Has your child had previous day care/preschool experience? Yes No

If yes, where? _____ Length of attendance _____

On a typical day, my child will be dropped off at OHDS at _____ and picked up at _____.



Policies and Procedures

- OHDS agrees to notify the parent/guardian if the child becomes ill, and the parent/guardian agrees to pick the child up as soon as possible if requested by the school.
- The parent/guardian authorizes OHDS to obtain immediate medical care if an emergency occurs and a parent cannot be reached by phone or in the case of a true medical emergency where time is of the essence (parent will be called at the same time as emergency medical services).
- The parent/guardian agrees to inform OHDS within 24 hours or on the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately.
- Parents/Guardians give permission for the child's teacher to change the child's clothes in case of an accident.
- Parents/Guardians give OHDS authorization to photograph the child at school events and to post these photos on the OHDS website and on social media.

Parent's Signature _____ Date _____

OHDS Director's Signature _____ Date _____

Enrollment Agreement

- When this packet is submitted to the OHDS office, a one-time \$60 registration fee is due to hold a spot for your child. This fee is non-refundable and may be made by cash or check.
- Tuition payments are due on the first day (Monday or Tuesday) your child attends school that week. Tuition payments must be kept up-to-date for a child to continue at the school.
- If tuition is not received by Wednesday at 6 pm, a \$20 late fee may be charged.
- To withdraw from the school, written notice must be given to the office 2 weeks prior to the withdrawal date. Parents are responsible for 2 weeks of tuition from the date the office is notified.
- Unfortunately, credit cannot be given for days missed due to illness of the child, days when the school is closed for a holiday or for inclement weather, or any other closure of the school due to circumstances beyond our control.
- I understand the OHDS tuition policies and agree to meet all of the above requirements.

Print Name _____

Signature _____

Date _____

For Office Use Only		
Start Date	End Date	Class
Birth Certificate Number	Document Viewed	Verified by Date