



3702 Pender Dr #140, Fairfax, VA, 22030
etcphoenixschool@gmail.com
www.etcphoenixschool.com

REGISTRATION PROCESS

- ☐ Tour or meet with the directors
- ☐ Submit your registration form pages 1-4
- ☐ Pay your \$250 Material and \$250 Registration fees
zelle to etcphoenixschool@gmail.com OR write a check
- ☐ Complete the forms and checklist from page 5 and return this
page of the registration packet signed
- ☐ If part of the ABA Phoenix program or if ABA services are
required for your child, you must have a therapist from ABA
Today/Gateway ready to go prior to your child's start date.
- ☐ Set your start date with the director
- ☐ Pay your first month's tuition



STUDENT INFORMATION

Full Name _____ Nickname _____

Date of Birth ____ / ____ / ____ Age (by Sep 30, 2026) _____

Gender ☐ Male ☐ Female Grade for 26/27 SY _____

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Which Program are you applying for? ☐ ABA Phoenix ☐ Guided Phoenix ☐ Phoenix Scholar

Does your child have a diagnosis (autism, ADHD, etc.) that impacts their school day?

Are you interested in related services? Occupational Therapy and/or Speech. (See additional information to set up your related services)

Would you be interested in: ☐ Before Care ☐ Aftercare

I give permission for my child's picture to be taken and used for ETC marketing, website, social media, etc. Initials: _____

CONTACT INFORMATION

Parent/Guardian Name _____

Home/Cell _____ Work Place/Number _____

Parent/Guardian Name _____

Home/Cell _____ Work Place/Number _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

Persons authorized to pick up child other than parents/guardians and emergency contacts listed above:



MEDICAL INFORMATION

Does your child have any allergies?

☐ Yes ☐ No

Is your child in need of medication at school?
If yes, please explain

☐ Yes ☐ No

Do you have any other medical concerns we should know about your child?
If yes, please explain

☐ Yes ☐ No

Child's Physician _____ Phone _____

Emergency Hospital Preference _____

Insurance Company and Policy Number _____

- I understand that my child must be fully vaccinated prior to the start of the school year
- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.
- I hereby grant permission for my child to leave the school premises under the supervision of a staff member for nature walks, outdoor PE, or field trips. (Prior notice will be given and permission slips will be sent home for field trips)
- I hereby grant permission for the ETC Phoenix School staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to:
 - Attempt to contact parent or guardian directly or through emergency contacts
 - Attempt to contact the child's physician
 - If we cannot contact you or the child's physician, we may do any or all of the following
 - Call another physician
 - Call an ambulance
 - Have the child taken to an emergency hospital in the company of a staff member

Parent Signature

____ / ____ / ____



SCHOOL HISTORY

Previous Schools, dates, and grade attended by your child

School Name: _____

Dates attended: _____ Grade (s) _____

Reasons for leaving (please include expulsion or suspensions)

School Name: _____

Dates attended: _____ Grade (s) _____

Reasons for leaving (please include expulsion or suspensions)

School Name: _____

Dates attended: _____ Grade (s) _____

Reasons for leaving (please include expulsion or suspensions)

Is your child attending any concurrent programs? (ABA Center or school) Include grade level if applicable.



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OPTIONAL ADDITIONAL INFORMATION

In what areas do you want to see your child improve?

What are your child's strengths and/or interests?

What kind of educational programs and/or elective programs would you like to see our school have available for your child?

Are you able/willing to volunteer? If so please let us know what you'd be willing to help with and when you're most available.

Please provide any other information you think we should know. We want to collaborate with you to create the best education and care for your child!

thank you



ONCE YOU'VE RECEIVED YOUR ACCEPTANCE LETTER WE'LL NEED:

- ☐ Completed **Registration Form**
- ☐ Copy of Child's **Birth Certificate**
- ☐ Complete the **Virginia School Entrance Health Form**
- ☐ Provide any related health or **educational documents** such as IEPs or evaluations to ETC staff.
- ☐ Make your **Materials Fee & Registration** payment
- ☐ **Extended Care** Form (optional)
- ☐ **Tuition Agreement** Form signed
- ☐ A **written care plan** for each child with a diagnosed food allergy, to include instructions from a physician regarding the food to which the child is allergic and the steps to be taken in the event of a suspected or confirmed allergic reaction (if applicable)
- ☐ I have read and agree to adhere to all policies and procedures outlined in the **Parent Handbook**.

Parent Signature: _____ Date: _____