



ETC Phoenix School

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

STUDENT INFORMATION

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age by Sep 30, 2025 \_\_\_\_\_

Gender  Male  Female Grade for 25/26 SY \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Which Program are you applying for?  3 Day  4 Day  5 Day

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

Does your child access the general or adapted curriculum? Are they currently using any intervention programs?  
\_\_\_\_\_

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 Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

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

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Is your child in need of medication at school?  Yes  No  
If yes, please explain

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Do you have any other medical concerns we should know about your child?  Yes  No  
If yes, please explain

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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

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### OPTIONAL ADDITIONAL INFORMATION

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

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

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

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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.

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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!

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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**
- Complete the **Intent to Homeschool Form** and send one copy to your base school and one copy to ETC staff
- Provide any related health or **educational documents** such as IEPs or evaluations to ETC staff.
- Make your first monthly **Tuition** payment
- I have read and agree to adhere to all policies and procedures outlined in the **Parent Handbook**.

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