



Tuition is calculated per school-year and divided into 9 equal payments.

*For **new families** - the registration fee (\$100), fall supply fee (\$75), and first month's tuition payment are due at the time of registration. The registration fee and fall supply fee are non-refundable once placement is made.*

***Current and Alumni families** need only submit the registration fee (\$100) and form at this time.*

The fall supply fee and first month's tuition will be invoiced in early June.

Student Information

First Name:	Last Name:	Date of Birth:
Primary language spoken at home:	Ethnicity:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

** Logos Academy does not discriminate based on race, gender or national origin in the administration of its educational programs, admission policies, financial aid, or personnel policies. Ethnicity data is collected for Department of Labor reporting purposes.*

** Partial or Full Tuition Assistance based on confirmed financial need and availability.*

Preschool (3 years old by September 30th, 2024)

Half-Day (8:45am -12:45pm)

4 days/week (Tue/Wed/Thu/Fri)

annual tuition: \$4,725 (\$525/month)

5 days/week

annual tuition: \$5,175 (\$575/month)

Full-Day (8:45am – 3:45pm)

4 full days/week (Tue/Wed/Thu/Fri)

annual tuition: \$7,425 (\$825/month)

5 full days/week

annual tuition: \$8,325 (\$925/month)

Before Care & After Care – available to all age groups

Please select item(s) below to sign up. (Sibling and employee discounts apply to tuition rates only.)

Before School Care

8:00-8:45am Drop-Off
(\$100/month)

After School Care

3:45-4:30pm Pick-Up
(\$125/month)

Logos Academy Office Use Only

Birth Certificate or Passport # _____ Place of Birth: _____

Document Issue Date _____ Verified By: _____ Date Verified: _____

Payment Received: Amount \$ _____ Cash _____ Check# _____ ProCare _____



STUDENT'S MEDICAL BACKGROUND

- Does your child have any **physician-diagnosed** allergies? YES NO

If yes, please describe:

** a FARE plan, completed by the child's physician, is required prior to the first day of attendance*

- Is an 'Epi-Pen', 'Auvi-Q' or over-the-counter medication needed for allergies? YES NO
- Does your child have any food restrictions (vegetarian, gluten-free, etc.)? YES NO

If yes, please explain:

- Does your child have any other medical conditions (asthma, diabetes, etc.) that may impact their day at school? YES NO

If yes, please provide details:

HOME/SCHOOL BACKGROUND

- Has your child been in a preschool or childcare environment before? YES NO

If yes, please describe experience, including name and location of previous schools/daycares:

- Do you have concerns about your child's developmental or educational needs? YES NO
- If yes, please explain:

- Is your child receiving any special services from public or private agencies? YES NO
- If yes, please explain:

- Does your child have an 'Individual Educational Plan' (IEP)? YES NO

**If yes, a copy of the IEP must be provided to the Preschool Office before class placement can be made.*

FAMILY LIFE

- Names of adults and children who live in the home (for children, please include their ages):

- Is there anything that you would like us to know about your child that may help us to get to know them better? YES NO

If yes, please share more here:

- Does your child have any fears that may impact their school experience? YES NO
- If yes, please provide details to help us support them:



Parent / Guardian Contact Information

	Parent/Guardian 1	Parent/Guardian 2
First & Last Name:		
Relation to student:		
Contact phone #		
Optional add'l #		
Email:		
Home Address:		
Occupation:		
Name of Employer:		
Work Address:		
Work #:		

** Partial Tuition Assistance and Payment Schedules Available based on confirmed financial need and availability.*

Local Emergency & Authorized Pick-Up Contacts (other than parents)

**a minimum of two contacts are required*

	Contact #1	Contact #2	Contact #3
First & Last Name:			
Relationship:			
Contact #			
Local Address:			



LOGOS ACADEMY STUDENT DIRECTORY

Logos Academy provides a student directory to families of classmates. This is typically used to plan birthday parties and playdates outside of school.

Logos Academy has my permission to list my child's name (first name and first initial of last name) and family e-mail address in a directory provided to Logos Academy families *only*. YES NO

Signature of Parent/Guardian

Date

LOGOS ACADEMY HANDBOOK:

I, _____, have read the Logos Academy Parent Handbook (found online at www.logosacademy.net) and agree to abide by the policies and procedures stated within. I have read and agree to the policies about *illnesses, communicable diseases, emergency procedures, late fees, and required notification of withdrawal from school (minimum 30-day written notice)*.

Signature of Parent/Guardian

Date

Please choose **only one** of the following options and sign below:

Logos Academy has permission to include my child **in any photos and/or videos taken during the Logos Academy 2024-2025 school year**. I understand these photos and/or videos may be shared with staff, parents, Logos Academy web page browsers, and others for the purpose of education, training, and presenting school programs. *Every effort will be made to not include my child's name in publications.*

I request that my child **NOT** be included in any photos or video taken during the Logos Academy 2024-2025 school year **for use outside** of Logos Academy. Photos or video may be used on the Logos Academy internal Facebook page, private Instagram groups, or other social media accessible only to Logos Academy families. I understand that there may be situations where large group photos are used; efforts will be made to not include my child's photo up close when possible.

I request that my child **NOT** be included in **any** photos or videos taken during Logos Academy 2024-2025 school year. *I understand that my child will not be included in class photos or participate in crafts/holiday gifts that use a student's picture. I further understand that Logos Academy is not responsible for photos taken of my child in large event settings.*

Parent Full Name (Please Print): _____ Date: _____



Authorization for Emergency Treatment

I, _____, hereby authorize any physician
(PARENT OR GUARDIAN's name, please print)

member of the Department of Emergency Medicine of Fair Oaks Hospital, Fairfax Hospital, Emergency Care Center of Reston / Herndon, and Mount Vernon Hospital or any member of the Medical Staffs of the above-mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of

(NAME OF CHILD OR DEPENDENT)

Child's Date of Birth: _____

Child's Allergies (if any): _____

Child's Dr.: _____ Telephone #: _____

Medicines Child is taking: _____

Date of Last Tetanus Shot: _____

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.): _____

Insurance Information

Insurance Company: _____

Identification / Policy #: _____

Subscriber's name: _____

Subscriber's Place of Employment: _____

Subscriber's Telephone No.: _____

The school has my permission in an emergency when I and my emergency contact cannot be reached, to send my child to the emergency room of the nearest hospital, and the hospital and its' medical staff have my authorization to provide any treatment which a physician deems necessary for the well-being of my child.

ALL PARENTS AND GUARDIANS ARE RESPONSIBLE FOR MAINTAINING THIS CONSENT FORM AS IT CANNOT BE MAINTAINED BY THE HOSPITAL.

Parent Signature _____ Date _____