



ETC Phoenix School

9990 Fairfax Blvd, 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 _____

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



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MEDICAL INFORMATION

Does your child have any allergies? Yes No

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

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

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:
o Attempt to contact parent or guardian directly or through emergency contacts
o Attempt to contact the child's physician
o 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?

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**
- 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: _____