

**NEW DIMENSIONS LEARNING CENTER**

**REGISTRATION PACKET**



**14045 Jefferson Davis Highway  
Woodbridge, Va. 22191**

**Phone (703) 497-6116**

**Fax (703) 497-2325**

# Welcome to New Dimensions Learning Center

Thank you for your interest in our programs.

Enclosed in this packet, you will find all of the information that you need to get your child registered in one of the best early childhood education programs in Prince William County. We also have an outstanding school age program for elementary age students.

We do more than daycare. We provide a safe nurturing Christian learning environment to help your child develop in every dimension; intellectually, spiritually, physically, emotionally and socially.

We are approved through the Virginia Department of Social Services and operate under New Life Anointed Ministries International.

Should you have questions, please do not hesitate to contact one of our staff members.

**Thank you again for your interest. We look forward to the privilege of helping your child soar higher everyday.**

# Enrollment Procedure

- 1. Complete a registration form and return it to the School along with the non-refundable registration fee. Fill out one registration form for each child being enrolled. Please note that the medical authorization portion of the registration form must be notarized.**
- 2. Have the green school health form completed by your child's physician or an official copy of your child's immunization record is also acceptable.**
- 3. Set up an appointment with the Learning Center Director to visit the school. During this time you may ask questions, tour the facility, and fill out the Center contract.**
- 4. Bring the student's birth certificate and social security card to the school office so that a copy of each can be made for the student's file.**
- 5. Attend the open house/back to school night so you can meet your child's teacher or primary caregiver, and learn about other important school policies and information.**
- 6. Applications will be considered as long as there is space available. Applications should be turned in as soon as possible. All classes will be filled on a first come, first serve basis.**
- 7. Until all enrollment requirements are met, admission is not possible.**

# **Class Descriptions**

## **Infant/Toddler Program**

### ***Description***

Our infant/toddler care program provides a safe, nurturing, learning environment for very young children. It is designed to enhance babies' development by allowing them to explore and learn in a loving, secure Christian setting. The individual care and attention that our trained Primary Caregivers give to the babies in our center, coupled with the safe, secure, Christian learning environment that we provide, exemplifies quality childcare at its best.

## **Pre-Kindergarten**

### ***Description***

- The Preschool Class at New Dimensions Learning Center provides early learners with a carefully planned environment that promotes the healthy development of the whole person.
- Artistic expression, and creativity flow freely as each child's unique gifts are unleashed and nurtured everyday.
- Our young scholars are encouraged to learn at their own pace through exploration, and self-discovery.
- Language Arts, Music, Art, Science and Computer technology are key components of the program.
- Our academically enriched curriculum helps to develop strong early reading and math readiness skills in a fun and relaxed way.

# Private Kindergarten

## *Description*

- ◆ New Dimensions Learning Center's full day Kindergarten Classes lays a strong foundation for future academic success.
- ◆ Individual Kindergarten classes for four and five year olds.
- ◆ Our young scholars are exposed to a world filled with excitement as new concepts in language arts, math, social studies, science and spiritual principals are discovered and strengthened everyday.
- ◆ Our qualified Kindergarten teacher and aides, utilize the award winning, certified ABEKA curriculum.
- ◆ Self-expression and creativity are allowed to flow freely as our children explore a myriad of indoor and outdoor learning centers that enhance the classroom experience.
- ◆ In addition, we supplement our already rich learning environment with special bi-weekly classes in Spanish and Technology.
- ◆ Finally, we travel on a variety of field trips that reinforce concepts learned in class and provide students with close up encounters of the world in which they live.

## *Kindergarten Class Division*

4 year old Kindergarten class

5 year old Kindergarten class **(must be 5 by December 31st)**

# School Age Care

## *Description*

New Dimensions Learning Center provides quality school age care to support working families and to contribute to the healthy growth and development of children ages 5 through 12 years. We have established two school age care programs to meet the needs of this age group and their families: 1) Before & After School Care, 2) Vacation & Snow Day Care

## *Before & After School Care*

### ➤ **Early Morning Care**

- Peaceful, quiet atmosphere for rest or quiet activities
- Personal care routines (brushing teeth etc.)
- Prayer & Devotions

### ➤ **After School Care**

- Homework assistance
- Healthy snack
- Outside play
- Learning centers
- Interest clubs (cooking, art, drama, reading, etc.)
- Opportunities for rest and quiet activities

### ➤ **Public Kindergarten Care** - (Care for kindergartners who attend ½ day programs)

- Healthy snack
- Self directed learning through play
- Opportunities for rest and quiet activities
- Individual attention from nurturing caregivers and teachers

***Please call our offices for the current fee schedule.***

## New Dimensions Learning Center Registration

**Enrollment Date:** \_\_\_\_\_  
**Withdrawal Date:** \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's SSN \_\_\_\_\_  
Mother's Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mother's Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's SSN \_\_\_\_\_  
Father's Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Father's Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_

Child Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
List Allergies \_\_\_\_\_ Action to be taken \_\_\_\_\_

Permitted to pick up?

Has legal custody?

Mother \_\_\_ Yes \_\_\_ No  
Father \_\_\_ Yes \_\_\_ No

\_\_\_ Yes \_\_\_ No  
\_\_\_ Yes \_\_\_ No

Person's authorized to pick-up the child daily: \_\_\_\_\_

Person's to be contacted in case of illness, accident or emergency and authorized to pick-up the child from school if the parents or guardians cannot be reached. (Minimum of 2 required)

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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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## Child's Profile

### Health

What communicable diseases has the child had? Measles (Big Red) \_\_\_\_\_ Measles (3 day) \_\_\_\_\_

Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

Any chronic physical problem/Allergies? \_\_\_\_\_

Accommodations needed \_\_\_\_\_

Are any medications given regularly? \_\_\_\_\_ Reason for medication and instructions for administration

Any developmental or learning needs? \_\_\_\_\_ Type of need and accommodation needed

Describe your child's speech: Rapid \_\_\_\_\_ Slow \_\_\_\_\_ Moderate \_\_\_\_\_ Clear \_\_\_\_\_ Talks constantly \_\_\_\_\_ Seldom Speaks \_\_\_\_\_ Uses many words \_\_\_\_\_ Talks only during play \_\_\_\_\_

Other Characteristics \_\_\_\_\_

Does your child have special toileting needs? \_\_\_\_\_ If so, please state \_\_\_\_\_

What time does your child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_ Does s/he walk, talk, or cry out at night? \_\_\_\_\_

Does s/he take anything to bed with them? \_\_\_\_\_ What is his/her mood upon awakening \_\_\_\_\_

Does s/he take naps? \_\_\_\_\_ Typical time of nap \_\_\_\_\_

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### Schooling

Please list any previous school and/or child care center enrollment:

Name of school/center	City/Town	State	Period Enrolled
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Name of school/center	City/Town	State	Period Enrolled
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Is your child attending another school concurrently with our program? \_\_\_\_\_

Name of school \_\_\_\_\_ Grade or Class Level \_\_\_\_\_

## Interests

Has s/he had experience playing with other children? \_\_\_\_\_ With what age child does s/he prefer to play? \_\_\_\_\_ What are his/her favorite activities at home? \_\_\_\_\_

Does s/he like to be read to? \_\_\_\_\_ Listen to music? \_\_\_\_\_ Play outdoors? \_\_\_\_\_ Can s/he ride a tricycle? \_\_\_\_\_ Has s/he had experience with clay? \_\_\_\_\_ Scissors? \_\_\_\_\_ Easel Painting? \_\_\_\_\_ Finger Painting? \_\_\_\_\_ Blocks? \_\_\_\_\_ Puzzles? \_\_\_\_\_

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## Comments

In what particular ways can we help your child this year?

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Describe your child briefly (personality, abilities, etc.)

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### NEW DIMENSIONS LEARNING CENTER POLICIES

1. I, \_\_\_\_\_, the parent of \_\_\_\_\_ agree to release and hold harmless New Dimensions Learning Center (NDLC) and its employees, from any accident or harm that may occur should I retain the services of any New Dimensions employee for the care of my child(ren) outside the child care center. I understand that NDLC does not condone or encourage that its employees be employed by parents of enrolled children outside the childcare center. If I retain the services of any NDLC employee in such capacity, NDLC has no responsibility and is held harmless from any incident which may occur.
2. I understand that my child must not be left on school grounds without supervision. I agree to walk my child(ren) into the school each morning and release my child to a staff member before leaving my child. I will sign my child in and out each day.
3. I understand that all forms required must be completed and on file before my child(ren) may attend.
4. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that we will release children to either parent unless a court order indicating sole custody is provided to the center's Director. I agree to give the school a list of all persons authorized to pick up my child(ren).
5. I understand that no medication will be administered without written permission from parents.
6. I authorize my child to participate in walking and bus field trips scheduled by the school. I understand

that a separate permission form will be provided for each trip.

- 7. I agree to support and reinforce the school's rules and procedures that concern the health and safety of my child(ren) and other children.
- 8. I understand that services may be terminated if my child's behavior pattern threatens his/her own health and safety or that of other children or staff.
- 9. I understand that a NDLC staff member will notify me whenever my child becomes ill and I agree to pick-up my child as soon as possible thereafter.
- 10. I understand that my child cannot attend the school if s/he has had any illness that threatens the health of other children. I understand that the Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever free for 24 hours before returning to school after an illness. I also understand that prescription medication must be administered to my child at home for 24 hours before s/he can return to school.

**Please Read and Sign:**

I have read the policies and understand their application to me and my child.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Guardian

\_\_\_\_\_  
Date

**Authorization For Emergency Medical Care**

Please Note: This authorization must be **notarized**.

**If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.**

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**IDENTITY VERIFICATION**

**Place of Birth:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Birth Certificate #** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_ **Other Form of Proof:** \_\_\_\_\_

**Director/Assistant Signature** \_\_\_\_\_