

Metaphor Russian Language School

2501 Gallows Rd., Dunn Loring, VA 22027
Tel. (202) 413-0946, (202) 492-2282, Tel/Fax (202) 363-7717
e-mail: metaphor_ru@yahoo.com
www.metaphorschool.com

Enrollment Form

I wish to enroll my child at Metaphor Russian Language School for the 20__ - 20__ Academic year. I am enclosing an

Application fee of \$35.00, and a Payment of \$_____

For the period of one month three months six months

I use the discount of ____% due to early payment second child

Please take one of the discounts offered above.

Applicant's Information

Child's Full name _____

Commonly used first name _____ Male Female

Date of Birth ____/____/____ Current Age _____

Applicant is Sibling of a Current Student _____

Level of your Child's Russian Language (you may check more than one box)

Basic Comprehension Basic Conversational Basic Reading / Writing

Advanced Comprehension Advanced speaking Native

Advanced reading and writing Other (explain) _____

T-shirt size: XS S M

Applicant's School Experience

Previous School _____ Dates of Attendance _____

Current School _____ Current Grade _____

Dates of Attendance _____ Telephone # _____

Did your child take any Russian Classes Before? Yes No

Private classes Evening group classes Weekend school

Other (explain) _____

How did you hear about us?

Internet (website) _____ Advertisement (source) _____

Friend / Relative (name) _____ Other (explain) _____

Family Information

Mother's / Legal Guardian's name _____

Father's / Legal Guardian's name _____

Correspondence regarding this Application should be sent to the Address :

Street _____

City _____ State _____ Zip code _____

Home Phone (_____) _____ Fax number (_____) _____

E-mail Address _____

Father's Occupation _____

Mother's Occupation _____

Business Phone (_____) _____ Cell Phone (_____) _____

Financial Responsibility for applicant will be assumed by: _____

Applicant's brothers and sisters:

Name _____ Date of Birth _____

School _____ Grade _____

Name _____ Date of Birth _____

School _____ Grade _____

Health Statement

Please state the Applicant's General State of Health: _____

Is the Applicant under the Care of a Physician? _____

Your child's primary physician: Name _____ Telephone # _____

Is your child covered by medical Insurance? Yes No If yes,

Company _____ Policy # _____

Name of the Primary Insurance Holder _____

Does your child have any disability, illness or allergy of any kind, which may require special attention or would limit participation in school activities?

If yes, describe briefly. _____

Will your child come to school with any medications or injections? If yes,

Describe what and how often needed _____

Emergency contact

Name _____ Telephone # _____

Relation to the child _____

Program Placement

Which program would you like to sign up for? You may choose more than one.

- Saturday School, September 15, 2007 – June 7, 2008
9:30 am - 1:05 pm; _____ \$148.00/month
- Saturday School, September 15, 2007 – June 7, 2008
9:30 am – 12:00 pm _____ \$130.00/month
- Saturday School, September 15, 2007 – June 7, 2008
12:20 pm – 3:40 pm _____ \$148.00/month
- Saturday School, September 15, 2007 – June 7, 2008
1:15 pm – 3:40 pm _____ \$130.00/month
- Weekday Program, September 14, 2007– July 18, 2008
Three days a week, 9:00 am – 1:00 pm _____ \$335.00/ month
- Weekday Program, September 14, 2007– July 18, 2008
Two days week, 9:00 am – 1:00 pm _____ \$275.00/ month
- Weekday Program, September 14, 2007– July 18, 2008
Monday through Friday, 9:00 am – 1:00 pm _____ \$385.00/ month
- Art Program, Monday, Thursday, September 14, 2007 – July 17, 2008
 4:30 pm – 6:00 pm or 6:00 p.m. – 7:30 p.m. _____ \$82.00/month

Additional Classes

My child will take additional class every Saturday at 12:00 pm –2:00 pm in

- math art chess music ___ \$11.00/class
- speech therapist group ___ \$11.00/class individual \$25.00/class

Payment

A \$35.00 non-refundable Application Fee must accompany each application.
Upon acceptance of the applicant, a non- refundable payment representing
three months tuition is required to hold a place.

*I agree to the terms of enrollment and regulations
of the School as stated on this application, the Information
for 20____ - 20____ Enrollment Form and in the Info Sheet.*

Parent's signature

Date

Please complete this application, and send it by mail with your payment at

5310 Connecticut Ave., NW, #14, Washington D.C. 20015

Make your check payable to

Dialogue, Russian Center for Cultural Development