

**Metaphor**  
**Russian Language School**  
2501 Gallows Rd., Dunn Loring, VA 22027  
Tel. (202) 413-0946  
e-mail: [metaphor\\_ru@yahoo.com](mailto:metaphor_ru@yahoo.com)  
[www.metaphorschool.com](http://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 13, 2008 – June 6, 2009  
9:30 am - 1:05 pm; \_\_\_\_\_ \$165.00/month
- Saturday School, September 13, 2008 – June 6, 2009  
9:30 am – 12:00 pm \_\_\_\_\_ \$142.00/month
- Saturday School, September 13, 2008 – June 6, 2009  
12:20 pm – 3:40 pm \_\_\_\_\_ \$165.00/month
- Saturday School, September 15, 2008 – June 6, 2009  
1:15 pm – 3:40 pm \_\_\_\_\_ \$142.00/month
- Weekday Program for the Youngest, September 15, 2008– July 24, 2009  
Three days a week 9:00 am – 1:00 pm \_\_\_\_\_ \$355.00/ month
- Weekday Program for the Youngest, September 15, 2008– July 24, 2009  
Twice a week 9:00 am – 1:00 pm \_\_\_\_\_ \$330.00/ month
- Weekday Program for the Youngest, September 15, 2008– July 24, 2009  
Monday through Friday, 9:00 am – 1:00 pm \_\_\_\_\_ \$398.00/ month
- Art Program, Monday, Thursday, September 15, 2008– July 24, 2009  
 4:30 pm – 6:00 pm or  6:00 p.m. – 7:30 p.m. \_\_\_\_\_ \$88.00/month

## Additional Classes

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

- math     art     chess     music    \_\_\_\_\_ \$13.00/class
- speech therapist     group \_\_\_\_\_ \$13.00/class     individual \$30.00/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

11401 Dorchester Ln., Rockville MD 20852

**Make your check payable to**

**Dialogue, Russian Center for Cultural Development**