

Metaphor

Russian Language School

7000 Arlington Blvd, Falls Church VA 22042
Tel. (202) 492-2282
e-mail: SchoolMetaphor@gmail.com
www.MetaphorSchool.com

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

6936 Regent Lane, Falls Church VA, 22042

Make your check payable to

Dialogue, Russian Center for Cultural Development

Enrollment Form

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

Application fee of \$35.00, and a Deposit in the amount of \$_____ for the period of one month three months six months full year

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 _____

Street Address _____

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 25, 2010 – June 18, 2011

- Morning Session Afternoon Session
- Three hours program _____ \$157.00/month
- Four hours program _____ \$180.00/month
- Five hours program _____ \$203.00/month
- Six hours program _____ \$228.00/month

Monday Academic Program

- Three hours program _____ \$157.00/month
- Five hours program _____ \$203.00/month

Week Day Program for the Youngest, September 15, 2010 – July 30, 2011

- Monday through Friday, 9:00 am – 1:00 pm _____ \$410.00/ month
- Monday through Friday, 9:00 am – 3:00 pm _____ \$460.00/ month
- Three days a week 9:00 am – 1:00 pm _____ \$375.00/ month
- Twice a week 9:00 am – 1:00 pm _____ \$355.00/ month

Art Program, September 16, 2010– July 30, 2011

- Monday 4:30 pm – 6:00 p.m. _____ \$102.00/month
- Thursday 5:00 p.m. – 6:30 p.m. _____ \$102.00/month

Creative Studio on Thursday, September 16, 2010– July 30, 2011

5:15pm – 7:30pm

- Art Music Theater Russian through Fun Chess
- Two hours. _____ \$102.00/month Three hours _____ \$132.00/month

Additional Classes

My child will take additional class every Saturday in

- math art chess music _____ \$13.00/class
- speech therapist group _____ \$13.00/class individual \$25.00/class

I agree to the terms of enrollment and regulations of the School as stated on this 20____ - 20____ Enrollment Form and in School Regulations Sheet.

Parent's signature

Date