

# Metaphor

## Russian Language School

7000 Arlington Blvd, Falls Church VA 22042  
Tel. (202) 492-2282, (202) 413-0946  
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 \$45.00, and a  Deposit in the amount of \$\_\_\_\_\_
- for the period of  one month  three months  six months  full year
- Annual School Supplies Fee in the amount of \$65.00

I use the discount of \_\_\_\_% due to

- early payment  second child  special discount

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) \_\_\_\_\_

### 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 17, 2011 – June 16, 2012

- Morning Session       Afternoon Session
- Three hours program \_\_\_\_\_ \$165.00/month
- Four hours program \_\_\_\_\_ \$195.00/month
- Five hours program \_\_\_\_\_ \$222.00/month
- Six hours program \_\_\_\_\_ \$240.00/month

### Monday Academic Program, September 19, 2011 – June 16, 2012

- Three hours program \_\_\_\_\_ \$165.00/month
- Five hours program \_\_\_\_\_ \$224.00/month

### Week Day Program for the Youngest, September 19, 2011 – July 28, 2012

- Monday through Friday, 9:00 am – 1:00 pm \_\_\_\_\_ \$430.00/ month
- Monday through Friday, 9:00 am – 3:00 pm \_\_\_\_\_ \$485.00/ month
- Three days a week 9:00 am – 1:00 pm \_\_\_\_\_ \$395.00/ month
- Twice a week 9:00 am – 1:00 pm \_\_\_\_\_ \$370.00/ month

### Art Program, September 19, 2011– July 28, 2012

- Monday 4:30 pm – 6:00 p.m. \_\_\_\_\_ \$115.00/month
- Saturday 9:00 p.m. – 10:30 p.m. \_\_\_\_\_ \$115.00/month

### Creative Studio on Thursday, September 22, 2011– June 16, 2012

5:15pm – 7:30pm

- Art     Music Theater     Russian through Fun     Chess
- Two hours. \_\_\_\_\_ \$115.00/month     Three hours \_\_\_\_\_ \$145.00/month

## Additional Classes

My child will take additional class every Saturday in

- math     art     chess     music    \_\_\_\_\_ \$17.00/class
- speech therapist     group \_\_\_\_\_ \$17.00/class     individual \$35.00/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*