

**St. Aidan's Episcopal Day School**  
**2025-2026 New Family**  
**Enrollment Application**  
8531 Riverside Road, Alexandria VA 22308  
www.staidansdayschool.org  
director@staidansdayschool.org



**For Office Use Only**  
Date Received \_\_\_\_\_  
Church      Legacy      CF      NF  
\_\_\_\_\_

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male / Female Age on 9/30/25 \_\_\_\_yrs \_\_\_\_mos

Parent #1 Name: \_\_\_\_\_ Parent # 2 Name: \_\_\_\_\_

Primary Email (this will be listed in the directory): \_\_\_\_\_

Primary Phone Number (this will be listed in the directory): \_\_\_\_\_

Additional Email: \_\_\_\_\_

Additional Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is a parent a St. Aidan's Episcopal Church Member?      Yes      No

Has a parent, sibling, or child attended St. Aidan's Day School?      Yes      No

If new to St. Aidan's, have you scheduled a tour of the school?      Yes      No

List previous schools attended other than St. Aidan's \_\_\_\_\_

Please list any allergies or health issues: \_\_\_\_\_

\_\_\_\_\_

Does your child require an EpiPen?      Yes      No

Is your child receiving services? (mark all that apply):

Speech      OT      Dev. Delays      PT      Other: \_\_\_\_\_

Does your child have an IEP?      Yes      No

Please share any information that might help us make an appropriate placement: \_\_\_\_\_

\_\_\_\_\_

Indicate 1<sup>st</sup> and 2<sup>nd</sup> choices by placing a 1 or 2 in the line provided in the preferred class column. Final placement decisions are subject to the Director's discretion. Our goal is to place children in a class that is developmentally appropriate for them.

Name of Class	Class Options	Hours	Preferred Class
<b>Two-Year-Old Class Age Two by 8/31/25</b>	2 Day (T/Th) \$285	9AM - 11:45AM	_____
<b>Three-Year-Old Class Age Three by 9/30/25 *</b>	2 Day (T/Th) * Three by 12/31/25 \$285	9:00AM -12:00PM	_____
	3 Day (M/W/F) \$370	9:00AM -12:00PM	_____
	5 Day (M-F) *must be 3 by 8/31/25 & potty trained by the 1st day of school* \$530	9:00AM -12:00PM	_____
<b>Pre-K Four-Year-Old Class Age Four by 9/30/25</b>	3 Day (M/W/F) *Four by 12/31/25 \$370	9:00AM -12:00PM	_____
	4 Day (M-Th) \$460	9:00AM -12:00PM	_____
	5 Day (M-F) \$530	9:00AM -12:00PM	_____
<b>Junior Kindergarten Five-Year-Old Class Age Five by 12/31/25**</b>	5 Day (M-F) \$640	9:00AM -1:00PM	_____

*\*\*Junior Kindergarten is intended for children who meet the state's recommended age requirement for Kindergarten but would benefit from another year in our nurturing environment. While priority is given to children turning 5 by Sept 30, students with fall birthdays may be enrolled if there is space available and both the Day School and parents feel the child is developmentally ready for a longer day and more challenging program. In addition to this application, JK applicants are required to fill out a Junior Kindergarten Parent Questionnaire.*