

8900 GEORGIA AVENUE, SILVER SPRING, MARYLAND 20910 • (301) 650-0086 • springknolls4@gmail.com

New Student Application for Program Year 2025-26

Instructions

Please fill out one application per child. A nonrefundable fee of \$65 should accompany each application. Completed applications and checks should be mailed to the address above or emailed to springknolls4@gmail.com. Checks should be made out to Spring Knolls Cooperative Early Learning Center. Electronic payments may also be made via PayPal.

CHILD'S INFO	CHILD'S INFORMATION						
Name:							
Address:	Street:			Apartment:			
	City:	S	tate:	Zip:			
Home Phone:	:						
Date of Birth	(MM/DD/Year):	\square Male	☐ Female	Race/ethnicity of child*			
*This item is option	nal; however, Spring Knolls has a comm	itment to maintaining a diverse s	tudent population and in	oformation about your child's race/ethnicity helps us achieve that goal.			
PARENT'S INF	FORMATION						
Parent's Nar	ne:		Parent's Name:				
Relationship	to the child:		Relationship to the child:				
Home Address (if different from the applicant)			Home Address:	Home Address: (if different from the applicant)			
Phone (H):			Phone (H):				
Phone (M):			Phone (M):				
Email:			Email:				
Work Inforn	nation		Work Information				
Occupation:			Occupation:				
Address:			Address:				
Phone:			Phone:				

CLASS INFORMATION

Check the morning program in which you have an interest. These classes are offered from 9am to 12pm.

CLASS	STUDENT'S REQUIRED AGE	CLASS DAYS	
☐ 2-day Twos class	2 by 9/1/25	Thursday & Friday	
☐ 3-day Twos class	2 by 9/1/25	Monday, Tuesday & Wednesday	
☐ 5-day Twos class	2 by 9/1/25	Monday through Friday	
☐ 5-day Threes class	3 by 9/1/25	Monday through Friday	
☐ 5-day Pre-K class	4 by 9/1/25	Monday through Friday	

Р	lease	indicate	membership	option:
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	My famil	y would be	interested	in	cooping
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	My 1	family	would	not be	interested	in coo	ping
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SCHEDULE FOR ADD-ON PROGRAMS

Check the box next to your choice(s) of schedule. These options are available for all children enrolled in any of our morning programs.

		Monday	Tuesday	Wednesday	Thursday	Friday
☐ Early Drop-off (8:	30-9:00 am)					
☐ Lunch Bunch (12	:00 pm – 1:30 pm)					
☐ Enrichment (12:0	0 pm – 3:00 pm)					
☐ Extended Day (3:	00 pm – 5:30 pm)					

Note: All students have the option to "drop in" for Enrichment and Extended Day classes on a periodic basis for a per-day fee, space permitting.

ADDITIONAL INFORMATION
Have you applied to Spring Knolls before? ☐ Yes ☐ No If so, when?
How did you learn about Spring Knolls? Please be as specific as possible.
What are you hoping to find in a preschool? Please be as specific as possible.
Spring Knolls is an all-inclusive program; it is important for us to know of any special needs your child might have. Please note any allergies or special conditions such as physical, emotional, or developmental needs. Additionally, please list any therapies or evaluations your child has received or is currently receiving.
Please provide any additional information you may wish to share about your child in the space below.

COMMITTEES / FAMILY RESPONSIBILITIES	
	tenterl. Each family at the school is required to serve on a parent strative role. One or two committee chairpersons, who may also serve
Would you be willing to chair or co-chair a committee? $\ \square$ Yes	□ No
Would you be willing to serve on the Board of Directors? $\ \square$ Ye	es 🗆 No
We are constantly in need of families with all types of backgrou or professional experience that your family can offer.	unds that can help us run the school. Identify below the talents, skills,
Check areas of interest/experience	
☐ Accounting/Bookkeeping/Financial Planning	\square Leadership (Non-profit or other)
☐ Administrative Support/Office Management	☐ Legal Expertise
☐ Creative Arts	☐ Event Planning
☐ Database Management	☐ Information Technology (hardware, software)
☐ Fundraising	☐ Non-profit Board Experience
☐ General Contracting/Facilities Management	☐ Marketing/Communications
☐ Human Resources	☐ Website Design/Development
☐ Education/School Administration	☐ Other (Please explain.)
Explain the ways you see yourself contributing to the Spring Kn	nolls community:
SIGNATURE	
The information as submitted on this form and on any attachm	nent is accurate, complete, and true to the best of my knowledge.
Signature	Date
Print Name	Relationship to child

SCHOLARSHIP FUND

As a Maryland EXCELS school, Spring Knolls families are eligible for financial aid for childcare through the State of Maryland. More information can be found at www.money4childcare.com

If you would like more information about financial assistance, please contact the Director, Joan Cisneros by phone at 301-650-0086 or by email at springknolls4@gmail.com.

Spring Knolls Cooperative Early Learning Center does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarships, and other school-administered programs.