

St. Timothy Lutheran Preschool  
5124 164<sup>th</sup> St. SW  
Edmonds, WA 98026 - 4833

ENROLLMENT APPLICATION  
2008-2009

For Office Use Only
Date Rec'd _____
By _____
Reg Fee Encl. _____
Check# _____ Cash _____
Other _____
Entered _____
Accept Sent _____

I am registering my child for:

- Tuesday/Thursday mother's morning out (children must be 2 ½ yrs of age when they begin school) cost is \$140.00/mo, September-May

**Preschool classes (for children who are 3yr. By 8/31/08):**

- Monday/Wednesday/Friday preschool class, \$185/mo, September-May
- Tuesday & Thursday preschool class, \$140/mo, September-May
- Monday- Friday preschool class, \$325/mo, September-May

**Pre-kindergarten classes (for children who are 4yr. By 8/31/08):**

- Monday/Wednesday/Friday pre-k class, \$185/mo, September-May
- Tuesday/Thursday/Friday pre-k class, \$185/mo, September-May
- Monday & Wednesday pre-k class, \$140/mo, September-May
- Monday- Friday pre-k class, \$310/mo, September-May
- I would also like to enroll for lunch bunch Monday/Wednesday from 11:45am-1pm. (for children ages 2 ½ yrs-6yrs. \$50/month)
- I would also like to enroll for lunch bunch Tuesday/Thursday from 11:45am-1pm. (for children ages 2 ½ yrs-6yrs. \$50/month)

Child's Name \_\_\_\_\_  male  female  
(Last) (First) (Middle)

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_  
(Street Number) (Apt.) (A/C)  
\_\_\_\_\_  
(City) (Zip Code) email \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(City) (State) (Month) (Day) (Year)

Does child live with both parents? \_\_\_\_\_ Siblings: (Name & Birthdates) \_\_\_\_\_  
Does your family attend church regularly?: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, name of church home? \_\_\_\_\_  
Is your child Baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Return completed form with \$75 registration fee to reserve a spot in class. See back.**

**Emergency Contact Information**

Student's Name: \_\_\_\_\_

Mom's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Other Emergency Contacts:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is this person authorized to pick your child up from school? \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Is this person authorized to pick your child up from school? \_\_\_\_\_

**Any Allergies or Conditions:** \_\_\_\_\_

What would you like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_