

St. Timothy Lutheran Preschool  
5124 164<sup>th</sup> St. SW  
Edmonds, WA 98026 - 4833  
425-741-8723  
Stlc\_preschool@verizon.net

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

**ENROLLMENT APPLICATION  
2009-2010**

I am registering my child for:

**Mothers Morning Out**

Tuesday/Thursday mother's morning out (children must be 2 ½ yrs of age when they begin school)  
cost is \$160.00/mo, September-May

**Preschool class (for children who are 3yr. By 8/31/09):**

Monday/Wednesday/Friday preschool class, \$195/mo, September-May

**Pre-kindergarten classes (for children who are 4yr. By 8/31/09):**

Monday/Wednesday/Friday pre-k class, \$185/mo, September-May

Tuesday/Thursday pre-k class, \$160/mo, September-May

Monday- Friday pre-k class, \$320/mo, September-May

**Lunch Bunch**

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_