

St. Timothy Lutheran Preschool  
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[Stlc\\_preschool@frontier.com](mailto:Stlc_preschool@frontier.com)  
[www.sainttimothylutheran.net](http://www.sainttimothylutheran.net)

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

## ENROLLMENT APPLICATION 2011-2012

I am registering my child for:

**Mother's Morning Out:** Children must be 2 ½ years of age when they begin school

Tuesday/Thursday: Tuition is \$185/month, September – May

**Preschool:** Children who are 3 years old by 8/31/2010

Monday/Wednesday/Friday: Tuition is \$215/month, September – May

**Pre-Kindergarten:** Children who are 4 years old by 8/31/10

Monday – Friday: Tuition is \$360/month, September – May

Monday/Wednesday/Friday: Tuition is \$205/month, September – May

**Lunch Bunch:** Extended day from 11:45am -1:00pm for children 2 ½ - 6 years old

(Program and fees are subject to a minimum enrollment of two students)

Monday/Wednesday  
\$60/month

Tuesday/Thursday  
\$60/month

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

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Does child live with both parents? \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(First) (Last)

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street Number) (Apt.)

\_\_\_\_\_  
(City) (Zip Code) E-mail \_\_\_\_\_

Language spoken in home: \_\_\_\_\_ Is your child Baptized? \_\_\_\_\_

Does your family attend church regularly? \_\_\_\_\_ Name of church home \_\_\_\_\_

Siblings, names and birthdates \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

**Return completed form with \$75 Registration Fee to reserve a spot in class.**

**PLEASE COMPLETE BACK SIDE**

**EMERGENCY CONTACT INFORMATION**

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

Dad's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mom's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work 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? \_\_\_\_\_

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

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

**Volunteer interest:**

\_\_\_ In the classroom

\_\_\_ Handyman services

\_\_\_ Prep for teachers

\_\_\_ Yard care

\_\_\_ Cleaning

\_\_\_ Other

Additional comments on Volunteering: \_\_\_\_\_

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

**Allergies or Conditions:**

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

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