

Living Hope Preschool Application for Enrollment 2017-2018
7305 208th Ave NE
Redmond, WA 98053
425-868-9404

Please complete this form and return it to the Living Hope Preschool Office. **A Non-refundable registration fee of \$100 per child payable to Living Hope must accompany your application.** Living Hope reserves the right to change class days/times prior to school start.

Morning Classes:

_____ 3-4 Tues/Thurs 9:00-12:00 (2 day option)

_____ 3-5 Mon/Wed/Fri 9:00-12:00 (2 or 3 day option)

Please select which days you would like your child to attend:

M/W

W/F

M/F

M/W/F

_____ 4-5 Mon/Wed/Fri 9:00-12:00 (3 day option)

_____ 4+-5 Mon/Tues/Wed/Thurs/Fri 9:00-12:00 (4 or 5 day option)

Please select which days you would like your child to attend:

M/T/Th/F

M/T/W/Th

M-F

Tuition amounts: 2 day-\$210 monthly or \$ 1995.00 annual payment (saves \$105.00)

3 day-\$270 monthly or \$ 2565.00 annual payment (saves \$135.00)

4 day- \$330 monthly or \$3135.00 annual payment (saves \$165.00)

5 day- \$390 monthly or \$3705.00 annual payment (saves \$195.00)

Afternoon Class:

_____ 3-5 Tues/Thurs/Fri 1:00-3:15pm (2 or 3 day option)

Please select which days you would like your child to attend:

T/Th

T/Th/F

Tuition amounts: 2 day - \$175 monthly or \$ 1662.00 annual payment (saves \$88.00)

3 day - \$225 monthly or \$ 2135.50 annual payment (saves \$114.50)

All Classes:

*Must be 3 years old by 8/31 or with permission

*All students must be fully toilet trained and completely independent when using the bathroom by the start of school. If you are unsure about whether your child meets this requirement, please speak to a member of our staff.

* 10% discount off of tuition for Church Members or Siblings.

Child's Information

Name: _____ Nickname: _____

Date of birth: ____/____/____ Gender: M/F Baptism/Dedication date: ____/____/____

Address: _____

Home Phone: _____ Email(s): _____

Parent's Information

Father's Name: _____ Occupation: _____

Cell number: _____ Work number: _____

Lives with student: Y/N Allowed to pick up student: Y/N

Mother's Name: _____ Occupation: _____

Cell number: _____ Work number: _____

Lives with student: Y/N Allowed to pick up student: Y/N

Family Information

Other children in the family (name and ages)

What is the primary language spoken at home? _____

If English is not the primary language spoken at home, does your child understand English?

____yes ____no

Does your child have any food allergies or dietary restrictions? Yes No

If yes, please specify:

Church Information

Please provide the church name and location with which you are affiliated.

Are you interested in learning about the Biblical teachings of Living Hope Lutheran Church?

____yes ____no ____not at this time ____would like more information

Emergency Contacts

Name and contact phone number of person to contact in case of emergency and/or to pick up child.

1. Name: _____ Number: _____

Relationship to student: _____

Parent's Name: _____

Parent's Signature: _____