

Living Hope Preschool Application for Enrollment 2018-2019

7305 208th Ave NE
Redmond, WA 98053
Phone: 425-868-9404
Email: preschool@lhlc.org

Please complete this form and return it to the Living Hope Preschool Office. Living Hope reserves the right to change class days/times prior to school start.

**A Non-refundable registration fee of \$100 per child must accompany your application.
Make checks payable to Living Hope.**

Preschool Schedule Options: All classes run 9am-12pm (noon)

_____ Tuesday/Thursday \$220 monthly or \$2090.00 annual payment (saves \$110.00)
_____ Monday/Wednesday/Friday \$290 monthly or \$2755.00 annual payment (saves \$145.00)
_____ Monday-Friday \$430 monthly or \$4085.00 annual payment (saves \$215.00)

All Sessions:

- *All children must be 3 years old by 8/31 or with permission.
- *All students must be fully toilet trained
- *10% discount off of tuition for Church Members or Siblings.

Child Information

Name: _____ Gender: M/F
 (First) (Middle) (Last)

Name child should be called: _____

Date of birth: ____/____/____

Who does the child live with? Check all that apply.

____ Mother ____ Father ____ Grandparent(s)
____ Other (Please specify): _____

Parent Information

Name of Father/Guardian: _____

Primary Phone # _____ Primary Email: _____

Name of Mother/Guardian: _____

Primary Phone # _____ Primary Email: _____

Address (primary): _____

Address (secondary): _____

Parent Employment

Father/Guardian: Occupation _____ Phone # _____

Mother/Guardian: Occupation _____ Phone # _____

Family Information

Other children in the family (names 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

Has your child had any previous preschool or group experience? Yes No

If so, when and where? _____

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

If yes, please specify:

Is your child fully toilet trained? Yes No

This means your child is able to pull down his/her pants, sit on the toilet, wipe his/her bottom, pull up his/her pants, flush the toilet, and wash his/her hands independently.

If you are unsure if your child meets this requirement, please speak to a member of our staff.

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.

Name: _____ Number: _____

Relationship to student: _____

Name: _____ Number: _____

Relationship to student: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____