

Living Hope Preschool Application for Enrollment

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..

We are offering two morning class options for this year: Mon/Wed class with the option of adding Friday or a Mon/Tues/Thurs/Fri class. Place a check by your choice for the 2010-2011 school year.

_____ 3-4 Mon/Wed 9:00-11:30 am (2 day option)
\$165 monthly or \$ 1567.50 annual payment (saves \$82.50)

_____ 3-4 Mon/Wed/Fri 9:00-11:30 am (3 day option)
\$220 monthly or \$ 2090 annual payment (saves \$110)

_____ 4-5 Mon/Tues/Thurs/Fri 9:00-11:30 am
\$270 monthly or \$2565 annual payment (saves \$135)

*Must be 3 by 8/31 or with permission

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

* Discount for paying annually

Child's Information

Name: _____ Nickname: _____

Date of birth: ____/____/____ Gender: M/F Baptism 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)

Church Information

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

If you are not affiliated with a church, are you interested in attending a series of classes on the Biblical teachings of Living Hope Lutheran Church? (Attendance at these classes does NOT obligate you to become a member.)

____yes ____no ____not at this time ____would like more information

Emergency Contacts

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

1. Name: _____ Number: _____

Relationship to student: _____

2. Name: _____ Number: _____

Relationship to student: _____

3. Name: _____ Number: _____

Relationship to student: _____

Parent's Name: _____

Parent's Signature: _____

For Office Use Only

Date received: ____/____/____ Reg. Fee paid: ____/____/____ Check #: _____

Class: _____ Enrolled: _____ Wait list #: _____