

Living Hope Preschool Application for Enrollment 2011-2012

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 times/days prior to school start.

_____ 3-4 T/Th 9:00-12:00pm
\$170 monthly or \$ 1615 annual payment (saves \$85)

_____ 3-5 M/W/F 9:00-12:00pm
\$230 monthly or \$ 2185 annual payment (saves \$115)

_____ 4-5 M/T/Th/F 9:00-12:00pm
\$280 monthly or \$2660 annual payment (saves \$140)

- *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: ____/____/____ or 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)

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 #: _____