



# LIGHT OF LIFE PRESCHOOL

28525 216<sup>TH</sup> Ave SE

## APPLICATION

Covington WA 98042

2019 – 2020 School Year

## REGISTRATION

Attach your non-refundable \$125 registration fee. (\$63 for each addition child)

September's Tuition is due May 31 and non-refundable after June 15<sup>th</sup>.

**3's Program** (2-day) Monthly tuition: \$174 Community or \$163 Light of Life Church Members

Tues & Thurs, 9:15 – 11:45 AM (2A)

Tues & Thurs, 12:30 – 3:00 PM (2P)

(3 Years Old & toilet trained by Aug 31)

**Pre-K Program** (3-day) Monthly tuition: \$234 Community or \$210 Light of Life Members

Mom, Weds & Fri, 9:15 – 11:45 AM (3A)

Mon, Weds & Fri, 12:30 – 3:00 PM (3P)

(4 Years Old & toilet trained by Aug 31)

### 1. CHILD INFORMATION:

Child's name: \_\_\_\_\_ Gender: M or F

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child lives with  both parents  Mom  Dad  Grandparent  Other \_\_\_\_\_

### 2. PARENT INFORMATION:

Father's name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #1: \_\_\_\_\_ (home/work/cell)

Phone #2: \_\_\_\_\_ (home/work/cell)

Email: \_\_\_\_\_

Allowed to pick up student?  Yes  No

Mother's name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #1: \_\_\_\_\_ (home/work/cell)

Phone #2: \_\_\_\_\_ (home/work/cell)

Email: \_\_\_\_\_

Allowed to pick up student?  Yes  No

### 3. How did you hear about us (friend, preschool fair, etc.)?

\_\_\_\_\_

#### OFFICE USE ONLY:

Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg. Fee paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ check #: \_\_\_\_\_

Class: 2A/2P/3A/3P Confirmation ltr sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ Waiting List: \_\_\_\_\_

4. Any school receiving Federal Tax Exemption must provide ethnic data on its student population. This information will be kept confidential and will not be disclosed without your permission, except as provided by law. Please check one:

- Multi-racial     African-American or Black     American Indian or Alaska Native  
 Asian or Pacific Islander     Caucasian or White     Hispanic or Latino

5. **FAMILY INFORMATION** - Other children in family (names & ages):

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6. What church are you affiliated with? \_\_\_\_\_

If you are not affiliated with a church, are you interested in attending a series of classes on the Biblical teachings of Light of Life Lutheran Church?  yes     no     not at this time

**7. SIGNATURES/PERMISSIONS:**

**REGISTRATION/TUITION.** I understand the registration fee is non-refundable. I further understand September's tuition is due May 31 and non-refundable after June 15. I also understand October – May Tuition is due on the first school day of each month, and must be paid even if my child is absent from class for an extended period of time due to illness or vacation.

Parent: \_\_\_\_\_ date: \_\_\_\_\_

**IMMUNIZATIONS.** Washington State Law requires all preschools to have a copy of a child's immunization records on file, or a signed statement of medical/religious exemption. I understand I must provide current documentation of my child's immunization history *before the first day of class* or my child will not be permitted to attend. **Bring to orientation in August, mail, or drop off at preschool office.**

Parent: \_\_\_\_\_ date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT.** If the parents and authorized emergency contacts cannot be reached at the time of an emergency, and immediate treatment is needed in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. I understand I will assume full responsibility for the payment of any services rendered.

Parent: \_\_\_\_\_ date: \_\_\_\_\_

**EMERGENCY CONTACTS:** The following individuals are authorized to pick my child if I am unable to do so, or in the event of an emergency. Photo ID is required.

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Parent: \_\_\_\_\_ date: \_\_\_\_\_