Edgewood Christian Preschool Application – 2009/2010

Child's Full Name: _____ Date of Birth: _____

Male or Female: _____ Phone number: _____

What name do you want your child to learn to write? _____

Address: _____
Street or PO Box City Zip Code

___ Father's address ___ Mother's address _____ Both Parents address

Name of Parents or Guardian Father: _____
First Last

Mother: _____
First Last (maiden)

Address of parents or guardian if different from child's address: _____

_____Father's address _____Mother's address _____ Both Parents address

Father's Occupation _____ Bus. Phone _____Cell Phone _____

Mother's Occupation_____ Bus. Phone _____Cell Phone _____

Day care or Babysitter _____ Phone _____

Names and ages of Brothers or Sisters of Child: _____

Do you attend a church: _____Yes _____ No

Name of Church _____ Pastor _____

Would you be interested in knowing more about Edgewood Community Church? _____ Yes _____ No

Child's Doctor: _____ Phone_____

Person to contact in case of emergency and a parent cannot be reached:

_____ _____ _____
Name Phone Relationship

Known allergies or medications taken by child: _____

Check Class desired:		Class Times	Monthly Cost: Non ECC Family	ECC Family
_____ Pre-K - AM	M, T, Th	9:15 - 11:45 am	$95	$85
_____ Pre-K - PM	M, T, Th	12:30- 3:00 pm	$95	$85
_____ 4 Year Old	W, F	1:00 - 3:00 pm	$75	$65
_____ 3 Year Old	W, F	9:45 - 11:45 am	$75	$65

Why do you want to send your child to Edgewood Christian Preschool? _____

_____

How did you hear about our school? _____

_____ _____
Signature of Parent or Guardian Date

Registration Fee: $65. Please return this application with the $65 non-refundable registration fee to: Edgewood Christian Preschool, 1720 Meridian Ave E, Edgewood, WA 98371 (make checks payable to: Edgewood Christian Preschool)