



School Year 2017/2018

Registration for Preschool and Extended Day Saint Luke School 17533 St. Luke Place N. Shoreline, WA 98133

Child's Name: _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age (as of 08/31/2017): _____ Girl _____ Boy _____

Best Daytime Phone Number: _____ Best Family E-mail: _____

3 YEAR OLD PROGRAM

_____ 3yr old AM preschool (8:30-11:30am) 2 day, 3 day, or 4 day option is available

Please circle the days you are interested in Monday, Tuesday, Wednesday, Thursday

4 YEAR OLD PROGRAM

_____ 4yr old AM preschool (8:30-11:30am Monday through Friday)

_____ 4yr old Full Day preschool (8:30-3:00, except Tuesdays which ends at 2)

_____ Extended care option - 3pm til 6pm (2pm til 6pm on Tuesdays) following full day program

Student and Family Information *(please do not leave blank, fill in all spaces)*

Is child living with both parents? _____ If not, with whom? _____ Relation: _____

Parent/Guardian 1: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 2: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Are there any health problems or special needs to be aware of? (Specify 'None' or N/A; do not leave blank) : _____

Food allergies? (Specify 'None' or N/A; do not leave blank) : _____

Is your child on any medications? (Specify 'None' or N/A; do not leave blank): _____

Anything else you would like to tell us about your child? _____

Printed name, signature, relationship and date of person filling out this form:

Printed Name: _____ Relationship: _____

Signature: _____ Date: _____