

PLEASE CHECK THE PREFERRED* BOX:	
Preschool Age 2 1/2 (9:00-11:30 T Th)	
Preschool Age 3 1/2 (9:00-11:30 MWF)*	

Peninsula Lutheran Preschool



FOR OFFICE USE ONLY	Amount Paid and Check #
Application	
Materials Fee	
Date/Time Turned In	

*Class schedule may be changed to TWTh if enrollment does not meet minimum.

2011-2012

6509 38th Ave NW
Gig Harbor, WA 98335
Preschool - (253) 851-2501
www.plcplace.com

APPLICATION FOR ADMISSION

Referred by: _____

Child's Name: _____
Last First Middle Preferred/Nick-Name

Current Age: _____ Date of Birth: ____ / ____ / ____ Male: _____ Female: _____

Child's Address: _____

Billing Address (if different from child): _____

Mother's Name: _____ Place of Employment: _____

Father's Name: _____ Place of Employment: _____

Home Telephone Number: (____) _____ Email Address: _____

Mom Cell Phone Number(s): (____) _____ Dad Cell Phone Number(s): (____) _____

If the child does not live with both natural parents, with whom does the child reside? _____

Are there any unique family circumstances or other information concerning your child which may be helpful for the teacher to know? _____

Does your child have any physical, mental, or emotional challenges of which this school should be aware? Yes ____ No ____
 If yes, please explain: _____

What are your child's favorite activities and interests? _____

Returning student? Y / N If new, child's prior schooling: _____

Church Affiliation _____

Brothers/Sisters and ages: _____

BY SIGNING AND SUBMITTING THIS APPLICATION I HEREBY ACKNOWLEDGE THE FOLLOWING (if accepted):

- * I will repay the school for any and all damages caused by my child;
- * I agree to fulfill all financial obligations in agreement with the school's financial policy and agree to participate in school fundraisers;
- * I will adhere to all school policies and procedures;
- * I understand my child(ren)'s image, likeness and/or voice may be used by the school in the course of school activities and perpetuity of the school;
- * I realize that any intentional withholding of pertinent information regarding this contract could result in the dismissal of my child; and
- * I fully understand the following forms must be signed and the application fee must be paid in full for this application to be valid:
 1. Financial Policy Form
 2. Application Form
 3. Scholarship Form (if applicable)

Signature of Father or Guardian *Date* and/or _____
Signature of Mother or Guardian *Date*