

BEAUTIFUL SAVIOR LUTHERAN KINDERGARTEN

4320 South Conklin St., Spokane, WA 99203-6237. Phone 747-6806; Fax 747-7342

Accountant e-mail: acctbslc@qwestoffice.net. Pre-school e-mail: bslcpreschool@gmail.com

Website: www.beautifulsavior-lc.org

Application for Enrollment 2012/2013

Name of Child: _____ Home Phone _____

Address: _____ City: _____ Zip code: _____

Date of Birth: _____ Male _____ Female _____

E-mail address: (for billing & school contact) _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Father's Work phone: _____ Mother's Work phone: _____

Are you a member of Beautiful Savior Lutheran Church? _____ Yes _____ No

Name of your Church: _____ Baptized _____ Yes _____ No

Marital Status: Married _____ Single _____ Divorced _____ Widowed _____

Other Children in Family: _____ Age: _____

_____ Age: _____

_____ Age: _____

Person to contact Other Than Parents:

Name: _____ Address: _____ Phone: _____

Pediatrician's Name: _____ Phone: _____

Is there any Health Problem We Should Know About? _____

_____ Allergies? _____

Application must be accompanied by the \$85 registration fee and the last month's tuition, \$250. The registration fee is non-refundable. We reserve the right to accept applications in such a way as to preserve a reasonable balance of boys and girls in the class.

Monday & Wednesday-12:30-3:00 p.m. and Tuesday & Thursday-9:15-3:00 p.m.

IMMUNIZATIONS ARE REQUIRED BY STATE LAW

How did you hear about us?

Church _____ Friend _____ Newspaper _____ Banner _____ Website _____

CONSENT AND RELEASE FORM FOR FIELD TRIPS

I hereby consent to have my child participate in programs including field trips offered by Beautiful Savior Lutheran Kindergarten. It is hereby agreed that I, my child, my executors, waive and release all rights and claims for damages that I may have at any time against the Kindergarten, its representatives whether paid or volunteer for any injury or damages in connection with the program. I further give my permission to the person or persons in charge at the Kindergarten to contact my child's physician and/or the nearest hospital to have my child treated for any emergency when parents or guardians cannot be reached. I further confirm that the child named on this form is in good health unless otherwise so stated on this registration.

SIGNATURE: _____ Date: _____