

BEAUTIFUL SAVIOR LUTHERAN CHURCH
EARLY LEARNING CENTER PRE-SCHOOL
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

I am applying for the:

- ___ Two Day Class for 3 year olds. Mon. & Wed. or Tues. & Thur. 9:00-11:00 a.m. (\$100)
___ Three Day Class for 4 year olds. Mon./Wed. & Fri. 9:00-11:30; 9:15-11:45 a.m. (\$130)
___ Four Day Class for 4 year olds. Mon./Tues./Wed./Thur. 12:30-3:00 p.m. (\$150)

Registration for the above three classes is \$45. **Application must be accompanied by the \$45 registration fee and the last month's tuition.** The registration fee is non-refundable.

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? _____

IMMUNIZATIONS ARE REQUIRED BY STATE LAW

How did you hear about us? Church___ Friend___ Newspaper___ Banner___ Website___

We reserve the right to accept applications in such a way as to preserve a reasonable balance of boys and girls in each class.

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 Pre-School. 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 Pre-School, 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 Pre-School 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: _____