

Word of Life Children of the Shepherd Preschool

9028 51st Avenue NE Marysville, WA. 98270 (425) 299-5824

Application

**A \$40 non-refundable registration fee is due with application.
Please make all checks payable to: Word of Life Church**

Check desired class:

Preschool 3 & 4 year olds

___ a.m. 3-day Preschool 9:00 - 11:30 (Mon/Tues/Wed) \$ 95/month (age 3 by June 30th)
___ p.m. 3-day Preschool 12:15 - 2:45 (Mon/Tues/Wed) \$ 95/month (age 3 by June 30th)

Pre-K 4 & 5 year olds

___ a.m. 4-day Pre-K 8:50 - 11:50 (Mon/Tues/Wed/Thurs) \$ 125/month (age 4 by Sept 1st)
___ p.m. 4-day Pre-K 12:15 - 3:15 (Mon/Tues/Wed/Thurs) \$ 125/month (age 4 by Sept 1st)

All children must be fully potty trained (NO exceptions)

Student's Last Name	First Name	Middle I	Nickname		
_____	_____	_____	_____		
Birth date	Circle One: Male/Female	Home Phone	Cell Phone		
_____	_____	_____	_____		
Street Address	Mailing Address (If different)				
_____	_____				
City	State	Zip	City	State	Zip
_____	_____	_____	_____	_____	_____

Family Information:

Father/Guardian _____

First Middle I Last
Work Phone _____ Cell Phone _____ E-mail _____

Address (If different from student's) _____

Marital Status: _____ Occupation: _____

Mother/Guardian _____

First Middle I Last
Work Phone _____ Cell Phone _____ E-mail _____

Address (If different from student's) _____

Marital Status: _____ Occupation: _____

Student Lives with (circle one): Mother/Father Mother only Father only Father/Stepmother

Mother/stepfather Legal Guardian Other: _____