

# APPLICATION FOR ENROLLMENT

## LITTLE PILGRIM SCHOOL

Fauntleroy Church, UCC  
9140 California Ave. SW  
Seattle, WA 98136  
932-5600

### Office Use Only

Date of registration \_\_\_\_\_  
Registration fee \_\_\_\_\_  
Class assignment \_\_\_\_\_  
Completed forms \_\_\_\_\_

**TO PARENTS/GUARDIANS: The following information is necessary for school records.**

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Address \_\_\_\_\_ Zip \_\_\_\_\_

Marital status of parents \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Days & Hours \_\_\_\_\_ Work Days & Hours \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's day care/child care provider \_\_\_\_\_ Phone \_\_\_\_\_

Others to contact in case of emergency:

| Name  | Relationship | Address | Phone |
|-------|--------------|---------|-------|
| _____ | _____        | _____   | _____ |
| _____ | _____        | _____   | _____ |

**The following information pertaining to your child's health and development will enable school staff to serve you and your child more effectively.**

Other group/preschool experiences \_\_\_\_\_

Interests \_\_\_\_\_

Abilities \_\_\_\_\_

Fears \_\_\_\_\_

Illnesses/Allergies \_\_\_\_\_

Other children in the family and their birthdates \_\_\_\_\_

Sleep habits (Bedtime and naps) \_\_\_\_\_

Other family circumstances which would help us understand your child?  
\_\_\_\_\_  
\_\_\_\_\_

Class Time Preference: AM Class \_\_\_\_\_ PM Class \_\_\_\_\_ **(This does not guarantee placement in the requested class).**