

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 _____

Parent's Name _____ Parent'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 _____

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).