St. Philip Lutheran School ✞ 8850 Davona Drive, Dublin, CA 94568 ✞ 925-829-3857

Preschool Application for Enrollment ~ 2019-2020 School Year

★**PLEASE FILL OUT FORM COMPLETELY AND NEATLY WITH DARK BLUE OR BLACK INK**

Student's Full Name_____

Goes by_____ Gender_____

Address_____

City_____ Zip_____

Home Telephone_____

Date of Birth_____ Place of Birth_____

How did you hear about St. Philip Lutheran School? _____

Select program:

3-Year-Old Program:
➪Tuesday & Thursday
9:00-11:30 a.m.___

4-Year-Old Program:
➪Mon, Wed & Fri
8:30-11:30 a.m._____

4-Year-Old Program:
➪ Tuesday – Friday*
12:30-3:30 p.m._____
➪**(*By approval only)**

Father's Name_____ Mother's_____

Marital Status_____ Child Lives With_____

Father's Occupation_____ Mother's_____

Work Telephone_____ Work Telephone_____

Cell Telephone_____ Cell Telephone_____

Email Address_____ **Email Address**_____

Parent's Church_____ City_____ Active?_____

Does child attend Sunday School?_____ Where?_____

Has child been baptized?_____ When?_____

Names of brothers and/or sisters	Date of Birth	School

☆☆**Additional information which school should know** (physical handicaps, special needs, etc.)

We, as parents, desire a quality, Christ-centered education for our child and believe that St. Philip Lutheran School will provide this type of education. We understand that this education involves a partnership between the parents and the school. We will commit to timely payment of tuition/fees, include the school in our prayers, and seek to keep open lines of communication with the school.

Signature of Father Signature of Mother Date

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Please enclose the registration fee of $200 with this application

Office Use Only: App. Received - Date_____ Time_____

Registration Fee_____ Amount $_____ Check #_____
Scrip Option _____ Amount $_____ Check #_____

Student
New___ Ret___
Family
New___ Ret___
Siblings_____
Reg Pkt_____