

Enrollment Application

□ Initial Application □ Re-Application

First

Child's Name ___

Step 1. Please indicate the program for which you are applying. □ Preschool (2.5-5 year olds)						
		□ School Day (8:30-3:30) □ 4 days/week □ 3 days/week				
Preferred days (′circle): M T	WTHF				
Step 3. Parent(s) and/or G	uardian(s)) Information	on:		
	()	(
name	ce	ll phone	worl	c phone		
street address	city	state	zip code	email address		
name	(cell phone		() work phone		
street address	city	state	zip code	email address		

Step 6. Please indicate the languages spoken at home.
Step 7. Please let us know how you heard about Interlaken Preschool.
Step 8. Please attach a fee of \$75, payable to Interlaken Preschool. This is a non- refundable fee and does not guarantee enrollment at Interlaken Preschool. Please complete a separate form for each child.
Interlaken Preschool welcomes children of all races, cultures, religions, languages, families, income levels and abilities. Please share with us anything you'd like us to know about your child in terms of her/his disposition, behavior, family situation, life experiences, allergies, chronic illnesses, special needs, or anything else you believe would be helpful for us to know at this time.
Please mail completed form, along with \$75 check* to:
Interlaken Preschool 1242 18 th Ave. E. Seattle WA 98112

Step 5. Please attach a photo of your child to this application.

^{*} the \$75 fee is required for initial applications only. If this is a reapplication, you do not need to pay the \$75 fee again.