



Fir-Conway Lutheran Church

Fir-Island Conway Lutheran Preschool

18101 Fir Island Road
Mount Vernon, WA 98273
Jennifer Case 360-661-7411

CHILD'S INFORMATION

Child's Name _____ Birth date _____
first/ last month/day/year

Address _____

Phone # _____

Parent's Name _____ Parent's Name _____

With whom does the child live? (CIRCLE ONE)

Mother Father Both parents Other (name & relationship) _____

Who has legal custody of the child? _____ (Attach supporting documents if there has been a legal custody decision.)

Language(s) spoken in home _____

What do you hope your child will gain from preschool?

Describe any previous group experiences your child has had and include dates attended (i.e. child care, preschool, community education, religious education, etc.)

Will your child be participating in any other group programs this school year?

If yes, please describe.

Have there been any significant life changes or events that have affected your child recently?

If yes, please describe.

PARENT'S INFORMATION

This information is used solely to determine scholarship eligibility and will remain confidential.

Parent's information:

Occupation: _____ Place of employment _____
How long have you worked there? _____ Work phone number _____

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Occupation: _____ Place of employment _____
How long have you worked there? _____ Work phone number _____

Are other adults contributing to the household income? _____ If yes, please explain.

Please describe any special financial circumstances affecting the family's budget.

How much tuition do you feel your family can contribute each month?

(Please enter a dollar amount here) _____

I hereby certify that all of the information in this application is true and accurate to the best of my knowledge.

Signature Date