



St. Benedict School
4811 Wallingford Ave North
Seattle Washington 98103
(206) 633-3375
www.stbens.net

Preschool and Pre-Kindergarten Application for Enrollment

Date of Application _____ Year of Intended Entry _____ Entry Grade _____

Student Name _____ Male / Female

First Middle Last

Birth Date _____ Phone _____

Address _____

Street City Zip

Student Religion _____ Parish _____

Parent/Guardian Name (1) _____ Work Phone _____

Email: _____

Parent/Guardian Name (2) _____ Work Phone _____

Email: _____

Please sign up for the days which you are enrolling. Circle the number of days and the days of the week you would like for your child's program.

Preschool (3 year olds and 4 year olds by August 31st)

3 days/week 4 days/week 5 days/week

Monday Tuesday Wednesday Thursday Friday

Pre-Kindergarten (4 year olds by August 31st and 5 year olds)

3 days/week 4 days/week 5 days/week

Monday Tuesday Wednesday Thursday Friday

Early Childhood Extended Day Care

3 days/week 4 days/week 5 days/week

Monday Tuesday Wednesday Thursday Friday

Time Options: 12:00-3:00 _____ 12:00-4:00 _____ Other: _____

For office use only:

\$100 Application Fee Paid: Check Number _____ Date Received _____