



St. Benedict School  
4811 Wallingford Ave North  
Seattle WA 98103  
206-633-3375  
206-632-3236 (fax)  
www.stbens.net

## Application for Enrollment Preschool and Pre-Kindergarten

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: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name (2) \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**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 by August 31<sup>st</sup>) 8:30 am - Noon

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

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

### Pre-Kindergarten (4 year olds by August 31<sup>st</sup>) 8:30 am - Noon

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

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

### Early Childhood Extended Day Care

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 \_\_\_\_\_