



4811 Wallingford Avenue North • Seattle, Washington 98103
Telephone: (206) 633-3375 • Fax: (206) 632-3236 • www.stbens.net

Application for Enrollment Preschool and Prekindergarten

Date of Application _____ Year of Intended Entry _____

Student Name _____ Male / Female

Birth Date _____ Phone _____
First Middle Last

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 _____

All students must be potty trained to attend. Is your child currently potty trained? Yes No

Has a pediatrician, teacher, or other specialist recommended your child be tested for special services? Yes No

Do you have any concerns relating to your child's behavior, socialization, or academics? Yes No

Please indicate your preferred schedule:

Preschool (3 years old by August 31) 8:30 am - Noon

____ 2 days per week: Tuesday, Thursday

____ 3 days per week: Monday, Wednesday, Friday

____ 5 days per week: Monday - Friday

Prekindergarten (4 years old by August 31) 8:30 am - Noon

____ 5 days per week: Monday – Friday

Kids Club (after-school care) Hours available: Noon – 6pm

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

**Please Submit: 1) \$50.00 Application Fee;
2) Copy of Student's Birth Certificate (new students only).**

For office use only:

Application Fee Paid _____ Check Number _____ Date Received _____