

SUNBEAMS LUTHERAN SCHOOL REGISTRATION FORM

2023-2024 School Year

23810 112th AVE SE

Kent, WA 98031-3545

(253) 854-3240

| OFFICE USE |   |
|------------|---|
| Class      | _____   |
| Reg. Fee   | _____   |
| Date Rec'd | _____   |
| Check #    | _____ Cash <input type="checkbox"/> CC <input type="checkbox"/> |

THIS APPLICATION PLACES THE STUDENT ON OUR CURRENT WAITING LIST IN THE ORDER IN WHICH IT WAS RECEIVED. The following guidelines are the ages your student must be at least by August 31<sup>st</sup> of the enrolling year. Preschool 3 years old; Kindergarten 5 years old, 1<sup>st</sup> grade 6 years old, 2<sup>nd</sup> grade 7 years old, 3<sup>rd</sup> grade 8 years old, 4<sup>th</sup> grade 9 years old, 5<sup>th</sup> grade 10 years old

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Nickname \_\_\_\_\_ Gender: Male  Female

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ (Copy of BIRTH CERTIFICATE is required)

Country of Origin: \_\_\_\_\_ Native language spoken at home: \_\_\_\_\_

Ethnicity:  Asian/Pacific Islander  Black/African American  Hispanic/Latino

Native American/First Nations  White  Other

**PARENT INFORMATION**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Both parents reside at this address?  Yes  No (if no, lives with  Mother  Father  Other)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone #:  N/A \_\_\_\_\_ Work Phone #:  N/A \_\_\_\_\_

Email:  N/A \_\_\_\_\_ Email:  N/A \_\_\_\_\_

Marital Status:  Married  Separated  Single  Partners  Divorced  Widowed  Other

| <u>Other children in family</u> | <u>Age</u> | <u>Grade level in school</u> | <u>Sunbeams Student?</u>                                 |
|---------------------------------|------------|------------------------------|--|
| _____                           | _____      | _____                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                           | _____      | _____                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                           | _____      | _____                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**PLEASE CHECK DESIRED SCHEDULE**

**PRESCHOOL**

**Morning Classes** (9:00 am to 12:00 pm)

- Red Class – 2 days (T & Th)
- Orange Class 3 days (M, W, F) or 5 days (M-F)

**Afternoon Class** (12:45 pm to 3:30 pm)

- Green Class – 2 days (M, T) or (Th, FR) or 4 days (M, T, Th, F)

**FULL DAY CLASSES**

- Purple Kindergarten (M-F)
- Yellow 1<sup>st</sup> Grade (M-F)
- Lime 2<sup>nd</sup> Grade (M-F)
- Navy 3<sup>rd</sup> Grade (M-F)
- Sapphire 4<sup>th</sup> Grade (M-F)
- Burgundy 5<sup>th</sup> Grade (M-F)

**CHURCH AFFILIATION**

Are you a member of a church?  Yes  No Name of Church \_\_\_\_\_

Is student baptized?  Yes  No Does student attend Sunday School?  Yes  No

Would you like a call from our Pastor with information about our church and its ministries?  Yes  No

Does your family have any special needs that we should be aware of or can assist you with?  Yes  No

\_\_\_\_\_

**HEALTH HISTORY**

- Asthma       Glasses       Right-Handed       Left-Handed       Premature Birth
- Food allergies; if yes, please list \_\_\_\_\_
- Other allergies; if yes, please list \_\_\_\_\_
- Takes medications; if yes, please list \_\_\_\_\_
- Health concerns; if yes, please list \_\_\_\_\_

**DIETARY NEEDS**

- Vegetarian Diet       Gluten Free Diet       No Pork or Beef       Other \_\_\_\_\_

**QUESTIONS for PRESCHOOL and PRE-KINDERGARTEN ONLY**

- Toilet Trained (*student must be able to use the restroom by themselves*)

**OTHER INFORMATION**

- **Attended school before, if yes, please list where** \_\_\_\_\_
- **Name, address, and phone numbers for our family may be included in a school directory**  Yes  No
- **Photographs and/or videos of the student named on this registration form may be used in school projects, programs, school website, school Facebook and other promotional materials**  Yes  No

How did you hear about Sunbeams program? \_\_\_\_\_

Is your child currently on a waiting list for enrollment at another school? If yes, please list  
\_\_\_\_\_

What would you like the teacher to know about your child? \_\_\_\_\_  
\_\_\_\_\_

Please identify any characteristics that may apply to your child you feel will help us working with your child;  
(*separation anxiety, makes friends easily, fearful in new situations*)?  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel will be the advantage of your child attending a Christianschool? \_\_\_\_\_  
\_\_\_\_\_

**\*\*Lutheran Church of the Cross does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies or other school administered programs. \*\***

A **non-refundable** registration fee must accompany registration form: \$125 for 2-3-day Preschool; \$150 for 4- 5-day Pre-K; \$250 for returning students Kindergarten through 5<sup>th</sup> Grade. Registration fee includes books, curriculum materials, technology supplies, and a school t-shirt for each student. **NEW STUDENTS REGISTRATION** Kindergarten through 5<sup>th</sup> grade is \$350.

***Make checks payable to SUNBEAMS LUTHERAN SCHOOL***

Date \_\_\_\_\_ Signature \_\_\_\_\_

Enrollment interview completed by Director – Enrollment approved  Yes  No  Conditionally  
Why conditional; \_\_\_\_\_

Date \_\_\_\_\_ Director’s Signature \_\_\_\_\_