



Sammamish
LEARNING CENTER
 22629 SE 29th Street
 Sammamish, WA 98075
 Phone: (425) 313-1545

Office Use Only	
Room:	
Sched:	
sd:	wd:

Enrollment Application

Child's Name _____ Sex _____ Birth Date _____

Name or nickname you would like your child to go by if not the above name _____
 Your child will be addressed by this name and the name will appear on cubby, name cards, book bag, etc.

Address _____ City _____ Zip _____

We will be using your family contact information for staff and parent communications. (name, address, phone, email)

Mother's Name _____ Home Phone _____ Cell Phone _____

Occupation (optional) _____ Work Phone _____ E-mail _____

Father's Name _____ Home Phone _____ Cell Phone _____

Occupation (optional) _____ Work Phone _____ E-mail _____

Names and ages of sibling's _____

Allergies/Food Intolerances/Asthma: Yes / No If yes, please specify: _____

List any childhood diseases and/or medical conditions Sammamish Learning Center staff should be aware of:

Is your child receiving any services or has your child received any services in the past? (i.e. speech, occupational, etc.)

Is your child attending another preschool or has your child attended preschool before? Yes / No

If yes, please specify: _____

Do you have any concerns regarding your child's success in preschool? _____

Your child's interests and experiences:
