Log Church
Christian School
209 S 4th St • Brewster, WA 98812

Preschool Student Enrollment

Student's Name _____ 1st Year PK ☐ 2nd Year PK ☐
First Middle Last

Gender: _____ Age: _____ Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip Code _____

☐ Does the student have any physical conditions or **allergies** that the school should be aware of? ___Y ___ N

If yes, please explain:_____

Physician's Name _____ Phone_____

Guardian

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

☐ Check if guardian is grandparent * *If parents are separated, divorced, or single, with whom does the child live?* _____

Two adults to contact if guardian cannot be reached:

Name _____ Daytime # _____ Relationship to student _____

Name _____ Daytime # _____ Relationship to student_____

Grandparent

Maternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Paternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

See Tuition Payment Agreement for tuition options and scholarships

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New Student Enrollment

Student's Name _____ Grade Enrolling _____
First Middle Last

Gender: _____ Age: _____ Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip Code _____

Last School Attended _____ Grade _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

☐ Does the student have any physical conditions or **allergies** that the school should be aware of? ___Y ___ N

If yes, please explain:_____

Physician's Name _____ Phone_____

Guardian

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

Check if guardian is grandparent * *If parents are separated, divorced, or single, with whom does the child live?* _____

☐ Two adults to contact if guardian cannot be reached:

Name _____ Daytime # _____ Relationship to student _____

Name _____ Daytime # _____ Relationship to student_____

Grandparent

Maternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Paternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

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Returning Student Enrollment

Student's Name _____ Grade Enrolling _____
First Middle Last

Gender: _____ Age: _____ Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip Code _____

☐ Does the student have any physical conditions or **allergies** that the school should be aware of? ___Y ___ N

If yes, please explain:_____

Physician's Name _____ Phone_____

Guardian

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

☐ Check if guardian is grandparent * *If parents are separated, divorced, or single, with whom does the child live?* _____

Two adults to contact if guardian cannot be reached:

Name _____ Daytime # _____ Relationship to student _____

Name _____ Daytime # _____ Relationship to student_____

Grandparent

Maternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Paternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

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Running Start Student Enrollment

Student's Name _____ Grade Enrolling _____
First Middle Last

Gender: _____ Age: _____ Date of Birth _____/_____/_____

Address _____ City _____ State _____ Zip Code _____

☐ Does the student have any physical conditions or **allergies** that the school should be aware of? ___Y ___ N

If yes, please explain:_____

Physician's Name _____ Phone_____

Guardian

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

Name _____ E-mail _____

Employer _____ Occupation _____ Work # _____

Home Phone _____ Cell Phone _____

☐ Check if guardian is grandparent * *If parents are separated, divorced, or single, with whom does the child live?* _____

Two adults to contact if guardian cannot be reached:

Name _____ Daytime # _____ Relationship to student _____

Name _____ Daytime # _____ Relationship to student_____

Grandparent

Maternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Paternal _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

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