



2 YEAR OLDS	REGISTRATION FORM	2022 – 2023
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Date:	Child's Name:	Birthdate:	Sex:
Name you would like your child to be called:			
Last Name of Parents:			
Father's Name:		Mother's Name:	
Home Address:			
City:		Zip code:	
Father's Email:			
Mother's Email:			
Home Telephone Number:			
Father's Telephone Number:			
Mother's Telephone Number:			

My child is a :	<input type="checkbox"/> Returning Student	<input type="checkbox"/> New Student	<input type="checkbox"/> Sibling of a Past Student
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<u>CLASS PREFERENCE</u>	<u>Availability of classes is subject to enrollment</u>	
Please mark your 1 st and 2 nd choice if applicable and circle the days you prefer		
() Any 2 Days M T W Th F	() 8:00 am – 12:30	() 8:00 am – 5:00 pm
() Any 3 Days M T W Th F	() 8:00 am – 12:30	() 8:00 am – 5:00 pm
() Any 4 Days M T W Th F	() 8:00 am – 12:30	() 8:00 am – 5:00 pm
() Any 5 Days M T W Th F	() 8:00 am – 12:30	() 8:00 am – 5:00 pm

The registration fee of **\$150.00** is non-refundable and must be attached to this completed form and returned to: Light of Christ Lutheran Preschool.

FOR OFFICE USE ONLY			
Registration Fee Paid: Check # _____	Amount\$ _____	Cash _____	Priority _____