



<b>3 YEAR OLDS</b>	<b>REGISTRATION FORM</b>	<b>2024 – 2025</b>
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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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<b>CLASS PREFERENCE</b>	<b>Availability of classes is subject to enrollment</b>	
Please mark your 1 <sup>st</sup> and 2 <sup>nd</sup> choice if applicable and circle which days you prefer.		
( ) Any 2 Days    M T W Th F	( ) 8:00 am – 1:00 pm	( ) 8:00 am – 5:00 pm
( ) Any 3 Days    M T W Th F	( ) 8:00 am – 1:00 pm	( ) 8:00 am – 5:00 pm
( ) Any 4 Days    M T W Th F	( ) 8:00 am – 1:00 pm	( ) 8:00 am – 5:00 pm
( ) Any 5 Days    M T W Th F	( ) 8:00 am – 1:00 pm	( ) 8:00 am – 5:00 pm

The registration fee is **\$200.00 for new families and \$150.00 for returning families and is non-refundable** and must be attached to this completed form and returned to: Light of Christ Lutheran Preschool.

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