



3 YEAR OLDS

REGISTRATION FORM

2016 - 2017

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 _____ Zipcode _____

E-mail _____

Home Telephone Number (with area code) _____

Father's Work Number (with area code) _____

Mother's Work Number (with area code) _____

Mother's Cell-phone Number or Pager _____

My child is a: _____ Returning Student _____ New Student _____ Sibling of a Past Student
(Year Sibling Started _____)

CLASS PREFERENCE **Availability of classes is subject to enrollment.**

Please mark your 1st and 2nd choice if applicable.

- () Mon. – Wed. – Fri. **AM Preschool** **9 am – 12 noon**
- () Mon. – Wed. – Fri. **AM Preschool, with 2, or 3 days M, W, F (circle which days you prefer)**
Lunch Box, Extended Day 9:00 - 3:00 pm
- () Tues. – Thurs. **AM Preschool** **9 am – 12 noon**
- () Tues. – Thurs. **AM Preschool, Lunch Box & Extended Day**
9 am – 3 pm
- () Tues. – Thurs. **PM Preschool** **12:30 – 3:30 pm**

The registration fee of **\$90.00** 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 # _____