



4 YEAR OLDS REGISTRATION FORM 2024 – 2025

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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CLASS PREFERENCE	Availability of classes is subject to enrollment	
Please mark your 1 st and 2 nd choice if applicable and circle which days you prefer.		
<input type="checkbox"/> Any 2 Days M T W Th F	<input type="checkbox"/> 8:00 am – 1:00 pm	<input type="checkbox"/> 8:00 am – 5:00 pm
<input type="checkbox"/> Any 3 Days M T W Th F	<input type="checkbox"/> 8:00 am – 1:00 pm	<input type="checkbox"/> 8:00 am – 5:00 pm
<input type="checkbox"/> Any 4 Days M T W Th F	<input type="checkbox"/> 8:00 am – 1:00 pm	<input type="checkbox"/> 8:00 am – 5:00 pm
<input type="checkbox"/> Any 5 Days M T W Th F	<input type="checkbox"/> 8:00 am – 1:00 pm	<input type="checkbox"/> 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.

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