

LIGHT OF CHRIST Preschool

18182 Culver Dr., Irvine, CA 92612 Church Office: 949.786. 3326 / Preschool: 949.786.3997

	website: www.lightofchristpresc	hool.com	email: sgrob	elch@locirvine.con
4 YEAR OLDS	REGISTRATION F	ORM	2016 -	- 2017
DateChild'sN	lame	Birt	hdate	Sex
Name you would like your c	hild to be called			
Last Name of Parents				
Father's Name	Mother'sNa	me		
Home Address				
City	Zipcode			
E-mail				
	with area code)			
Father's Work Number (with	area code)	_		
Mother's Work Number (with	n area code)			
Mother's Cell-phone Numbe	r or Pager			
My child is a: Returni	ng Student New Studer		g of a Past S ng Started	
<u>CLASS PREFERENCE</u> Please mark your 1 st , 2 nd , a	<u>Availability of classes is su</u> and 3 rd choice if applicable		•	,
() Mon. – Wed. – Fri.	AM Preschool	9 am – 12 n	oon	
() Mon. – Wed. – Fri.	AM Preschool, with 2, or 3 Lunch Box, Extended Day	•	•	days you prefer)
() Mon. – Wed. – Fri.	PM Preschool	12:30 pm –	3:30 pm	
() Tues. – Thurs.	AM Preschool	9 am – 12 n	oon	
() Tues. – Thurs.	AM Preschool, Lunch Box,	Extended D 9 am – 3 pr	•	
The registration fee of \$90. and returned to: Light of Chi	00 is non-refundable and mus rist Lutheran Preschool.			leted form
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 Registration Fee paid: Check #_____Amount \$_____Cash_____ Priority #_____