

4 YEAR OLDS

REGISTRATION FORM

2008 - 2009

Light of Christ Lutheran Preschool
18182 Culver Drive Irvine, CA. 92612
949-786-3997

Date _____ Child's Name _____ Birthdate _____ Sex _____

Last Name of Parents _____

Father's Name _____ Mother's Name _____

Home Address _____

City _____ Zipcode _____

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, 2nd, and 3rd choice if applicable

- () Mon. – Wed. – Fri. **AM Preschool** **9 am – 12 noon**
- () Mon. – Wed. – Fri. **AM Preschool, Lunch Box, Extended Day**
9 am – 3 pm
- () Mon. – Wed. – Fri. **PM Preschool** **12:30 pm – 3:30 pm**
- () Tues. – Thurs. **AM Preschool** **9 am – 12 noon**
- () Tues. – Thurs. **AM Preschool, Lunch Box, Extended Day**
9 am – 3 pm

The registration fee of **\$80.00** 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 # _____