4 YEAR OLDS REGISTRATION FORM 2012 - 2013

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

Date_____Child'sName_____Birthdate_____Sex_____

Classroom name for your child_____

Last Name of Parents_____

Father's Name_____Mother'sName_____

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 **$85.00** 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 #_____