

LIGHT OF CHRIST Preschool

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

Cash_

Priority #_

website: www.lightofchristpreschool.com

email: sgrobelch@locirvine.com

5 YEAR	OLDS	REGI	STRATION	FORM	2016 - 2017	
Date	Child's Name			Birthdate	Sex	
Name you would	like your child	to be calle	d			
Last Name of Par	ents					
Father's Name Mother's Name						
Home Address						
City	Zipcode					
E-mail						
Home Telephone	Number (with	area code)			
Father's Work Nu	ımber (with are	a code)	\vee			
Mother's Work Nเ	umber (with are	ea code)				
CLASS PREFER Please mark you Transitional Kind	RENCE Avur 1 st and 2 nd c dergarten stud	railability hoice if a dents mus	of classes is s pplicable.	(Year Sib ubject to en		
() Mon. through Fri.		TK			9 am – 12 noon	
() Mon. through Fri. AM Preschool, with 2, 3, 4, or 5 days M, T, W, Th, F (circle which days you prefer) Lunch Box, Extended Day 9:00 - 3:00 pm						
() Any 2 days	MTWThF	(circle whic	h days you prefer)	AM TK,	9 am – 12 noon	
() Any 3 days	MTWThF	(circle whic	h days you prefer)	AM TK,	9 am – 12 noon	
() Any 4 days	MTWThF	(circle whic	h days you prefer)	AM TK,	9 am – 12 noon	
() Any 2, or 3 days M, W, F (circle which days you prefer)			days you prefer)	PM TK	12:30 - 3:30 pm	
The registration for and returned to: L				t be attached	d to this completed form	
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Registration Fee paid: Check #____Amount \$_