

## LIGHT OF CHRIST Lutheran Church

## Preschool

	5 YEAR OLDS		REG	REGISTRATION FORM			2023 – 2024	
Date:		Child's Na	ne:		Birthd	ate:		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 cl	My child is a: Returning Student New				Student Sibling of a Past Student			
<b>CLASS PREFERENCE</b> Availability of classes is subject to enrollment								
Please mark your 1st and 2nd choice if applicable and circle which days you prefer.								
( ) A	any 2 Days	M T W Th F	( ) 9:00	am – 12:00	( ) 8:00 a	nm – 1:00 pm	( ) 8:00 a	am – 5:00 pm
( ) A	any 3 Days	M T W Th F	( ) 9:00	am – 12:00	( ) 8:00 a	nm – 1:00 pm	( ) 8:00 a	am – 5:00 pm
( ) A	any 4 Days	M T W Th F	( ) 9:00	am – 12:00	( ) 8:00 a	nm – 1:00 pm	( ) 8:00 a	am – 5:00 pm
( ) A	any 5 Days	M T W Th F	( ) 9:00	am – 12:00	( ) 8:00 a	nm – 1:00 pm	( ) 8:00 a	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.								
	stration Fee	Paid: Chec	k #	Amount\$_		Cash	F	Priority