



Registration Form School Year:

_____ PreK- M/W/F (age 4-5)
\$300 per month (8:45-12:45pm)
\$100 Non-refundable Registration Fee

Child's Name _____ **Boy or Girl/ Birthday** _____
Last First (circle one)

Mailing Address _____

_____ **Phone:** _____
City State Zip Code

Mom's Name _____ **Dad's Name** _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Please share any information that would help us get to know your child.

How did you hear about us? (circle one) Friend Sign Flyer
Web Search I'm a Returning Family Newspaper _____

Website: I give Light of Christ Church permission to use photographs (names NOT published) of my child for public advertising and/or demonstration on the preschool's website or other school related publication.

_____ Yes _____ NO Parent Signature: _____

*Light of Christ Christian Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies, admissions policies, and athletic and other school-administered programs.