

**LIGHT OF CHRIST EARLY CHILDHOOD CENTER
REGISTRATION FORM 2016-2017 SCHOOL YEAR
PLEASE FILL OUT ONE FORM FOR EACH CHILD**

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Mother's Cell # _____ Father's Cell # _____

Address: _____ City: _____ Zip: _____

Parent's email _____

Does your child have any allergies? _____ YES _____ NO

If yes, please list allergies: _____

How did you hear about our school? _____

I am registering my child for the following program: (please check one)

_____ **Half day 9:00am – 12:00(noon)** or _____ **Full day 7:30am – 6:00pm**

Two Year Old Class

_____ Tuesday & Thursday (2 days)

_____ Monday – Wednesday – Friday (3 days)

_____ Monday – Friday (5 days)

Three Year Old Class

_____ Tuesday & Thursday (2 days)

_____ Monday – Wednesday – Friday (3 days)

_____ Monday – Friday (5 days)

Four Year old Class

_____ Tuesday & Thursday (2 days)

_____ Monday – Wednesday – Friday (3 days)

_____ Monday – Friday (5 days)

Non-Refundable Registration Fee Paid: _____ Cash _____ Check _____

Valid picture ID required

Parent Signature _____

- If applicable please attach a copy of the shared parental responsibility or final judgment of Disillusionment of Marriage.