



**Shining Light Christian Preschool Center  
Franklin Christian Church  
Registration Form 2017-18**

**List Days by preference (1<sup>st</sup> or 2<sup>nd</sup>):** Mon/Wed \_\_\_\_\_ Tues/Thurs \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: M or F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Cell: \_\_\_\_\_

**Best e-mail** for communication purposes: \_\_\_\_\_

Church Membership or Attendance: \_\_\_\_\_

Has child attended any previous program?      Yes                      No

Name of sibling(s) also attending Shining Light \_\_\_\_\_

\*\*Shining Light Christian Preschool Center does not discriminate on the basis of religion, gender, disability, national or ethnic origin.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO FRANKLIN CHRISTIAN CHURCH. PLEASE NOTE: ONCE YOUR CHILD IS PLACED ON THE CLASS ROLL, YOUR REGISTRATION/Supply FEE BECOMES NON-REFUNDABLE. 2017-18 FEES: \$130.00 REGISTRATION FEE  
MONTHLY TUITION FEES: \$185.00 FOR 1 CHILD AND \$340.00 FOR 2 CHILDREN**

<b>For Office Use Only</b>	<b>Date Received:</b> ____/____/____
<b>Days: M/W      T/TH</b>	<b>Fee Paid: Yes/No</b>
<b>Walkers</b>	<b>Cash</b> _____ <b>Check</b> _____ <b>Date</b> _____ <b>Amt \$</b> _____
<b>Toddler 1</b>	
<b>Toddler 2</b>	
<b>Preschool</b>	
<b>Pre-K</b>	
<b>Confirmation Letter Sent:</b> ____/____/____	
<b>WL Letter Sent:</b> ____/____/____	<b>T/TH</b> <b>M/W</b>