## **Shining Light Christian Preschool**

## **Franklin Christian Church**

## **Summer 2017 Registration Form**

Child's Name:	Birth Date:	Gender: M or F
Parent's Names:		
Address:		
Mother's Cell:	Email:	Text: Y or N
Father's Cell:	Email:	Text: Y or N
		to you. Note, those families choosing the end date is July 27 <sup>th</sup> . We will be closed
Entire 8 week Summer Program	m:	
Cost for 1 child: \$475.00 Cost for 2 children: \$82. Cost for 3 children: \$1,2	5.00	
Monthly:		
<b>□</b> June: \$305.00 <b>□</b> July: \$185.00		
*A \$30.00 registration fee will I in Fall 2017.	be charged to families either, not curr	ently attending Shining Light nor enrolled
Please make all checks payable	e to Franklin Christian Church.	
Parent Signature:	Check #:	
	Office Use Only:	
Date Received:	Registration Fee: Yes or	No
Child's Class:	Amount received:	