



**Shining Light Christian Preschool Center
Franklin Christian Church
Registration Form 2018-19**

List Days by preference (1st or 2nd): 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: YOUR REGISTRATION/SUPPLY FEE IS NON-REFUNDABLE. 2018-19 FEES: \$130.00 REGISTRATION FEE MONTHLY TUITION FEES: \$190.00 FOR 1 CHILD AND \$350.00 FOR 2 CHILDREN

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