



**Shining Light Christian Preschool Center
Franklin Christian Church
Registration Form 2022-23**

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: _____

**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.
\$150.00 REGISTRATION/ Supply Fee/ Specials
Monthly Tuition: \$255.00 1 CHILD \$450.00 2 CHILDREN \$650.00 3 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 | |