



REGISTRATION FORM 2023-2024

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: _____

Mother's Cell: _____ Father's Cell: _____

Best e-mail for communication purposes: _____

Church Membership or Attendance: _____

Shining Light Christian Preschool does not discriminate based on religion, gender, disability, national or ethnic origin.

Parent/Guardian Signature: _____ **Date:** ____/____/____

Registration/Supply Fee: \$150 NON-REFUNDABLE
 Monthly Tuition: 1 child \$260 / 2 children \$480 / 3 children \$700
 PLEASE MAKE ALL CHECKS PAYABLE TO FRANKLIN CHRISTIAN CHURCH OR PAY ONLINE.

FOR OFFICE USE ONLY

Days: M/W T/TH

Walkers 1 Walkers 2 Toddler 1 Toddler 2 Preschool Pre-K	Date Received: ____/____/____ Amount Paid \$ _____ Date Paid _____ Online _____ Check _____ Cash _____ Communication: _____
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