



**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	