



shining light
P R E S C H O O L
FRANKLIN CHRISTIAN CHURCH

REGISTRATION FORM 2024-2025

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: ____/____/____

Annual Fees (NON REFUNDABLE): Registration Fee \$150 (due upon acceptance to program)
Security Fee \$100 (due at Meet the Teacher)

Monthly Tuition: 1 child \$270 / 2 children \$500 / 3 children \$730

PLEASE MAKE ALL CHECKS PAYABLE TO FRANKLIN CHRISTIAN CHURCH OR PAY ONLINE.

FOR OFFICE USE ONLY

Days: M/W T/TH

Walker 1
Walker 2
Toddler 1
Toddler 2
Preschool
Pre-K

Date Received: ____/____/____

Fees Paid: Registration _____
Security _____

Communication: _____