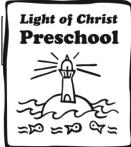
Registration	Fee Paid	
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School Year:



Light of Christ Preschool

	Class:
FAMILY INFORMATION	
Child's Name:	Preferred Name:
Birthday:	Male/Female:
Address:	City:
State:	Zip Code:
Mother's Name:	Father's Name:
Mother's Address (if different from above):	Father's Address (if different from above):
Mom's Phone:	Dad's Phone:
Email:	Email:
Employer:	Employer:
Current Marital Status of Child's Parents:	
Other Children in the Family	Age Grade Level in School
Has there been a divorce, illness or death in the family whic	ch might affect your child? Yes No
Please list any language, other than English, that is spoken	in your home?
What is your child's ethnicity (The IRS requires us to ask ar	nd keep this on record)
African Indian or Alaska Native Asian	Black or African American
Hispanic or Latino Native Hawaiian or Other	Pacific Islander White

(Continued on reverse)

Two or More Races ____ Other (please specify) _____

Light of Christ Preschool Enrollment Continued...

CHURCH AFFILIATION
Are you currently a member of a church? Yes No Is the child baptized? Yes No
Church Name/Address:
Pastor's Name:
How often does your family attend church: regularly often seldom rarely
How often does your child attend Sunday School: regularly often seldom rarely
HEALTH HISTORY Does your child have any health problems the preschool staff should be aware of?
If yes, please provide more details:
Does your child have any allergies? Yes No If yes, please specify:
How is it treated?
Does your child need assistance in toileting?
List any behaviors that might affect your child in school:
Has your child been in preschool prior to now? Yes No How long? Where?
What else would you like your child's teacher to know about your child?
GENERAL INFORMATION
How did you find out about Light of Christ Preschool?
What do you feel will be the advantage of your child attending a Christian preschool?
Please Remember: You are encouraged to contact your child's teacher regarding anything you feel might affect your child's education.
Parent's Signature: Date: