

# Light of Christ Preschool Re-Enrollment

Please turn in this form along with the registration fee to Ms.Judi to ensure your child's spot for next year.

Child's Name: \_\_\_\_\_

For School Year: \_\_\_\_\_

Class: \_\_\_\_\_

Has your address or phone number changed?       Yes       No

If yes, please fill in the new address or phone number below:

---

---

Please list any changes to your child's medical or allergy information:

---

---

Please list any changes to emergency contact information:

---

---

Please list any immunizations your child has received in the past year:

---

Are you interested in being contacted by our Pastor?       Yes       No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

