

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 _____

