

LIGHTHOUSE PRESCHOOL, CALVARY CLUB
REGISTRATION FORM

Child's Name: _____ Age at Sept. 2008: _____
D.O.B.: _____ Sex: M F Grade in Sept. 2008: _____

(1) Mothers Name: _____ (2) Fathers Name: _____
(3) Guardian's Name: _____

Address: Street, Town, Zip
(1): _____
(2): _____
(3): _____

E Mail address: _____@_____

Occupation(Dad): _____ Occupation(Mom): _____

Work #(Dad): _____ Cell Ph./Beeper #(Dad): _____

Work #(Mom) _____ Cell Ph./Beeper #(Mom): _____

Work #(guard): _____ Cell Ph./Beeper #(guard): _____

Home #(Dad): _____ Home #(Mom): _____

Home #(guard): _____

Child lives with: _____

Member at Calvary Lighthouse Y or N

*******EMERGENCY AND HEALTH INFORMATION*******

Allergies: _____ Illnesses: _____

Emergency Contact Person(other than parents):

(1) _____ Phone # _____

(2) _____ Phone # _____

*******CHECK PROGRAM WANTED*******

Preschool: 1/2 DAY AM ___ 2 days ___ 3 days ___

OR FULL DAY ___: 2 days ___ 3 days ___ 5days ___

Hours of Extended Care: from ___ am to ___ am and/or ___ pm to ___ pm

Days needed: _____ Total Weekly Hours: _____

Summer: 1/2 DAY AM ___ 3 days ___ 5 days ___

FULL DAY ___ 3 days ___ 5 days ___

A Non-refundable registration fee must accompany this application

(Maximum of \$100.00 per family):

Fees: Preschool Registration \$50.00

Re-registration/Calvary Club/Summer session \$30.00

I was referred to Lighthouse Preschool by: _____

PARENT SIGNATURE _____ DATE _____ (rev.1/08)

For Office Use:

Reg. Fee pd ___ 1st Month pd ___ Next due ___ Teacher/Class/Session _____

Tuition Form: ___ Yrly. Fee _____ Monthly Fee: 10 Mos. _____ 12 Mos. _____

Summer Fees: June: _____ July _____ Aug. _____