

**Little Lights Preschool**  
**www.littlelightspreschool.com**  
**2010-2011 Registration Form**

- Sessions:     Tuesday & Thursday, 9-11:30am (3 year olds) \$96 per month  
               Tuesday & Thursday, 12:30-3:00pm (3 year olds) \$96 per month  
               Mon, Wed & Fri., 9-11:30am (4 & 5 year olds) \$120 per month  
               Mon, Wed & Fri., 9:30-12:00pm (4 & 5 year olds) \$120 per month  
               Mon, Tue, Wed, Thurs, Fri., 12:30-3:00pm (4 & 5 year olds) \$165 per month

**Child's Full Name** \_\_\_\_\_

Nickname (to be used in class) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Home Church \_\_\_\_\_

E-Mail Address (for sending correspondence or reminders) \_\_\_\_\_

**Father/Guardian Name** \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Mother/Guardian Name** \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Marital Status (circle one):    Married            Divorced            Separated            Single Parent

Full **names and phone numbers** of people authorized to pick up your child from preschool.

\_\_\_\_\_  
\_\_\_\_\_

I am enclosing the non-refundable \$50 registration/activity fee. Please make check payable to:  
Little Lights Preschool. Return to: Little Lights Preschool, Triumph Lutheran Brethren, 2901 20<sup>th</sup>  
St. S., Moorhead, MN 56560.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I am interested in Extended Care.    I understand my child MUST be potty trained**

For Office Use Only: Date Received \_\_\_\_\_ Check Number \_\_\_\_\_