

Little Lights Preschool 2008-2009 Registration Form

Date _____

- Session:
- Mon, Wed & Fri., 9-11:30am (4 & 5 year olds)
 - Mon, Wed & Fri., 9:30-12:00pm (4 & 5 year olds)
 - Mon, Wed & Fri., 12:30-3:00pm (4 & 5 year olds)
 - Tuesday & Thursday, 9-11:30am (3 year olds)
 - Tuesday & Thursday, 12:30-3:00pm (3 year olds)

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

How did you hear about Little Lights Preschool? (circle one)

Friend Advertisement Church Other _____

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
20th St. S., Moorhead, MN 56560.

Parent/Guardian Signature _____ Date _____

For Office Use Only: Date Received _____ Check Number _____
