



Lebanon Lutheran School

PreK-4 Registration Form for 2019 - 2020 School Year

Parents' Names _____

Child's Name: _____ DOB: _____ Age on Sep 1: _____

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Do you plan to use our Early Childhood Center for before or after-school care? Yes No

We are members of: Immanuel Lutheran Church St. Peter's Lutheran Church Other

If other please list here: _____

Enclosed is check # _____ in the amount of \$ _____ for Registration fees.

I have made my registration payment through Vanco Online Payments.

Please make Registration check payable to: Lebanon Lutheran School.

**Registration Fee is: \$125.00 per child (non-refundable) if paid by May 15.
Registration Fee after May 15 is \$150.00 per child (non-refundable).**

INDICATE THE DAYS OF THE WEEK REQUESTED:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PreK-4 time is 8:00 am - 11:30 am daily.

These days must remain consistent throughout the year. Days can always be added. Please see the Principal.

I understand that with this registration form I am registering my child(ren) in LLS 4K for the 2019-2020 school year.

Home Phone: _____

Father's Cell Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Mother's Work Phone: _____

Father's Email (s): _____

Mother's Email (s): _____

House Address _____

Parent Signature: _____ Date: _____