



# Lebanon Lutheran School

## Early Childhood Center

### Registration Form for 2019 - 2020 School Year

Parents' Names \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age on Sep 1: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age on Sep 1: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age on Sep 1: \_\_\_\_\_

The first day of school is 8/26/19. What is your child's anticipated start date if other than 8/26/19? \_\_\_\_\_

**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 ECC.***

**Registration Fee is: \$50.00 per child (non-refundable), maximum \$75 per family.**  
**Please see attached rate sheet.**

#### **INDICATE THE DAYS OF THE WEEK AND TIME OF DAY REQUESTED:**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FROM - TO				
TIMES:				

I understand that with this registration form I am registering my child(ren) at LLS ECC 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: \_\_\_\_\_