



Lebanon Lutheran School Early Childhood Center



Registration Form for 2019 - 2020 School Year

Parents' Names _____

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

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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:

TIMES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	FROM - TO	FROM - TO	FROM - TO	FROM - TO	FROM - TO

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: _____