

**Application for Enrollment 2010-2011**  
**Let Me Shine Christian Playschool and Preschool**  
 1070 S. Foothill Dr. 84108  
 801-583-6400

Please indicate your enrollment choice for playschool or preschool. *Class enrolled is determined by your child's age as of September 1, 2010.* All classes begin at 9:00am and conclude at 12:00pm. An optional "Lunch Bunch" program is available after hours. Please inquire with the school office for details.

Classrooms have limited seating and we will make every effort to accommodate your enrollment. Please plan accordingly, as the seats are assigned in the order of receipt of application.

--

The registration fee is \$50. A non-refundable application fee of \$25 must accompany this application form.\*

\* When you are accepted for enrollment, you will be so notified and the balance of a non-refundable \$25 registration fee will be due at that time. This application is for the 2010-2011 year only.

Playschool		Preschool / Pre-kindergarten	
<b>18 Month</b>	<input type="checkbox"/> M / W	<b>3 Years</b> (Must be potty trained)	<input type="checkbox"/> M / W / F
	<input type="checkbox"/> T / Th		<input type="checkbox"/> T / Th
<b>2 Years</b> (parent co-op)	<input type="checkbox"/> M / W / F	<b>4 Years</b> (Must be potty trained)	<input type="checkbox"/> M / W / F
	<input type="checkbox"/> T / Th		<input type="checkbox"/> T / Th / F
<b>2 Years</b> (non co-op)	<input type="checkbox"/> M / W / F		<input type="checkbox"/> Monday through Friday
	<input type="checkbox"/> T / Th		<input type="checkbox"/> T / Th

Child's Full Name \_\_\_\_\_  Boy  Girl

Birth Date \_\_\_\_\_ Age on September 1, 2010 \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Race/Ethnicity:  African American  Asian  Caucasian/White  Hispanic  Native American

**Full Name of Parent or Guardian**

Mother \_\_\_\_\_

Employed by \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father \_\_\_\_\_

Employed by \_\_\_\_\_

Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_

Guardian's Name (if different from above) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Siblings**

Name \_\_\_\_\_ Age \_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ School \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Church you attend \_\_\_\_\_

Has child been baptized?  Yes - date of Baptism: \_\_\_ / \_\_\_ / \_\_\_  No

**Emergency Contacts**

Name	Relationship	Phone

**Physician** (To be called in an emergency) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Clinic or Address \_\_\_\_\_

Please list any allergies or conditions that your child may have  
\_\_\_\_\_

Is your child currently taking any medication?  Yes  No If "yes," please list \_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_

How did you learn about **Let Me Shine Christian Playschool And Preschool?**

Friend  Advertisement (sign/poster)  Church bulletin  Other \_\_\_\_\_

**Please read and sign...**

I hereby agree to comply with the rules and regulations of Let Me Shine Christian Playschool and Preschool regarding fees, attendance, health, clothing and other items specified in the Parent's Handbook.

I authorize our name, number and address and email to be printed in a school student directory.

Yes  No

Signed \_\_\_\_\_  
Mother or legal guardian

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Father or legal guardian

Date \_\_\_\_\_

<p><i>For Office Use only</i></p> <p>Check# _____</p> <p>Amount _____</p> <p>Date _____</p>
---