

Lighthouse Preschool *ENROLLMENT APPLICATION*

Child's Name _____ Gender ____ Age ____ Birthday ____/____/____

Father's Name _____ Mother's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell/Work Phone _____

E-mail _____ Church of Attendance _____

Allergies/Special Concerns _____

Parent Signature & Date _____

* www.mccclighthouse.org

2016~2017



Number Class In Order of Preference:

PRESCHOOL (3 YEAR OLDS)

M ^{AND} W

T ^{AND} Th

PRE-KINDERGARTEN (4 YEAR OLDS)

Large Class

M, W ^{AND} F

T ^{AND} Th

Small Class

M, W ^{AND} F

T ^{AND} Th