

**Loveland Christian Preschool
2011-2012 Registration Form**

Date _____
Child's Name _____
Address _____
City _____ State _____ Zip _____
Child's Date of Birth _____
Phone Number _____
Parent's Names _____

Check the session you prefer. (Please return with your \$60.00 registration fee)

3 Year Olds—2 Day

- _____ Monday/Tuesday AM (9:00 AM-11:30 AM)
- _____ Wednesday/Thursday AM (9:00 AM-11:30 AM)
- _____ Wednesday/Thursday PM (12:30 PM-3:00 PM)*
*(provided enough enrollment to hold the PM class)

4 & 5 Year Olds—3 Day

- _____ Tuesday/Wednesday/Thursday AM (9:00-11:30 AM)
- _____ Tuesday/Wednesday/Thursday PM (12:30-3:00 PM)*
*(provided enough enrollment to hold the PM class)

4 & 5 Year Olds—4 Day

- _____ Monday-Thursday AM (9:00-11:30 AM)

Please return this form with your non-refundable \$60 registration fee to the Loveland Christian Church office during business hours or it can be mailed to the following address:

Loveland Christian Church
Attn: Loveland Christian Preschool
12070 Lebanon Road
Loveland, Ohio 45140

Your signature releases the Loveland Christian Preschool of all liabilities for communicable diseases, hospitalizations, doctor bills, or claims for bodily injury to your child. Your signature also gives permission for the above information to be added to the parent roster.

Parent Signature _____ Date _____

Paid: _____ Cash _____ Check _____ Date Received: _____