

2009-2010 School Year Registration

Lord of Life Preschool and Kindergarten Academy

PLEASE PRINT

CHILD TO BE ENROLLED

Name _____
Last First Middle Nickname _____
Address _____
Street Date of Birth _____
City County State Zip Code

FATHER OR GUARDIAN

Name _____
Last First Middle Social Security Number _____
Address _____
Street City County State Zip Code
Phone Numbers _____
Home Work Cell
E-mail address _____

MOTHER OR GUARDIAN

Name _____
Last First Middle Social Security Number _____
Address _____
Street City County State Zip Code
Phone Numbers _____
Home Work Cell
E-mail address _____

PROGRAM

K-1 Program Pre-Kindergarten Preschool

SESSION

5 days MTWRF 3 days MWF 2 days TR *No exceptions on program day choices*

SIGNATURES

Signatures of both parents preferred

Father or Guardian

Date

Mother or Guardian

Date

Our Web Site: lolpk.com

Our E-mail address: lavinegd@aol.com