

# Enrollment Form



**Office Use Only:**

Beginning Date: \_\_\_\_\_

Registration Paid (\$100): \_\_\_\_\_

Monthly Tuition Amount: \_\_\_\_\_

Date Left: \_\_\_\_\_

## CHILD INFORMATION:

Full Name: \_\_\_\_\_ Name used in Classroom: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PARENT INFORMATION:

**Parent 1 Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work hours: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

**Parent 2 Name:** \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work hours: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

**The child lives with:** \_\_\_\_\_

**Please note: If there are any custody awards, we must be provided with the most current order before your child can begin. It is your responsibility to provide us copies of any future modifications.**

Please list any allergies or food restrictions staff should be aware of.

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Is there any important information you would like us to know about your child or his/her family situation?

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Does your child have difficulty with any of the following?

Dressing      Undressing      Eating      Washing hands      Restroom

**Program Desired:**

Half Day	(8am – 12pm)	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>
Preschool Plus	(8am – 3pm)	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>
Full Day	(7am – 6pm)	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>

**How did you hear about us?** (Please circle all that apply)

Returning Family      Social Media      Radio Ad      Friend/Neighbor      Internet      Newspaper/Magazine Ad

If you were referred to us by one of our school families, please include their name:

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**Optional:**

We attend \_\_\_\_\_ church

We do not attend church

We would like to find a church

**I understand I will be expected to adhere to the times which I have listed. If there are any changes, I will notify the Director in advance. I understand tuition is due the first day of the month. If student begins school mid-month, tuition is due on the first day of school and will be pro-rated for the number of days remaining in the month.) Lincoln Christian Academy will give a 30-day written notice prior to any basis rate change.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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