



Severe Allergies_____

2026-2027 L.C.C.A. REGISTRATION FORM

Child's Name_____ M____ F____ Birthdate_____

Mother's Name_____ Phone_____

Address_____ City_____ Zip Code_____

Email Address_____

Father's Name_____ Phone_____

Address_____ City_____ Zip Code_____

Email Address_____

Your Religious Preference and/or Church Home _____

Place of Employment

Mother_____

Work Phone_____ Mobile_____

Father_____

Work Phone_____ Mobile_____

Persons to call in case of an emergency if parents CANNOT be reached:

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

Registration Fees: (Please circle Class, Days and Amount)

Class	Days	Registration & Supply Fees	
Toddlers / Twos / Threes	(3 days or 4 days)	\$300	\$150
Pre-K	(4 days)	\$300	\$150
Kinder	(4 days)	\$300	\$200
1st / 2nd / 3rd / 4th / 5th	(4 days)	\$300	\$200

***REGISTRATION FEES ARE NON-REFUNDABLE.** A separate form must be filled out for each child.
THERE IS NO DISCOUNT FOR SIBLINGS ON REGISTRATION FEES. *

_____ **For Office Use Only** _____

Date Reg. Fee Received_____ Cash____ Check#_____ CC Payment____ Amount_____

Date Supply Fee Received_____ Cash____ Check#_____ CC Payment____ Amount_____

Date May Tuition Received_____ Cash____ Check#_____ CC Payment____ Amount_____

Date Sept. Tuition Received_____ Cash____ Check#_____ CC Payment____ Amount_____