Fall Registration 2022 - 2023

TO KNOW. TO GROW. TO SERVE.

Lascassas Baptist Preschool

Today's Date: _		DOB:			
Student's Name:					
Parents' Names:					
Address:					
City:			ZIP:		
Home Phone:			•		
Mother's Cell:			Father's	Cell:	
Email Address:					
\$100.00 N		JNDABLI ASH NOT			N FEE DUE
Pl	ease check	the progra	m needed t	for your ch	ild:
Monday throug	gh Friday		_		
Monday/Wedn	esday		_		
Monday/Wedn	esday/Friday		_		
Tuesday/Thurs	sday		_		
Tuesday/Thurs	sday/Friday		_		
P	Please circle t	the time sche	dule needed	for your chi	ild:
7:00 - 4:30	7:00 - 4:00 7:30 - 4:30	7:00 - 3:30 7:30 - 4:00 8:00 - 4:30	7:00 - 3:00 7:30 - 3:30 8:00 - 4:00	7:30 - 3:00 8:00 - 3:30	8:00 - 3:00
					t of your form, ection and Fees.
arent's Signature _		Date			
Check #:I	Date Paid:				