

FRIDAY ADVENTURERS IN BOOKS
F.A.B. REGISTRATION FORM
UPPER ARLINGTON LUTHERAN CHRISTIAN PRESCHOOL
2300 LYTHAM ROAD COLUMBUS, OHIO 43220
614-451-3736

Child's Name _____ / _____
Last First Middle Name child will be called

Date of Birth _____ Male _____ Female _____

Address _____ Phone _____

2nd Phone _____

City/State _____ Zip Code _____

E-Mail _____

Father's Name _____
Last First Middle

Mother's Name _____
Last First Middle

Siblings (Names & Ages) _____

Class child is enrolled in:

Explorers:

- TWTh am _____
- TWTh pm _____

Adventurers

- TWTh am _____

Discoverers

- MTWTh am _____
- TWTh pm _____

This registration is for which session? (You may register for one session – the closest upcoming session.)

Fall _____ (8 weeks, \$80 due August 1)

Winter _____ (8 weeks, \$80 due December 1)

Spring _____ (8 weeks, \$80 due February 10)

Children who are enrolled in one session will be given first priority to enroll in the next session. (e.g. If enrolled in the Fall session, you will be given the opportunity to enroll in the winter session before it is offered to those who are not enrolled.)

Please complete this form, enclose a check for \$10.00 (one time annual fee) made out to

UALC Preschool and return it to

"REGISTRATION-UALC PRESCHOOL"

2300 Lytham Rd., Columbus OH 43220

The registration fee is non-refundable.

Office Use Only: Date registration fee paid _____ Check # _____