



SHERMAN OAKS LUTHERAN CHILDREN'S CENTER REGISTRATION FORM

CHILD'S NAME _____ DATE OF BIRTH: _____ M ___ F ___

Mom: _____ Phone cell: _____ work: _____

Dad: _____ Phone cell: _____ work: _____

Address _____ City _____ Zip _____

Mom's E-mail Address _____ Dad's Email Address _____

Where did you hear about SOLCC? _____

Please specify date you would like your child to begin attendance: _____

Schedule requested: ___ Half Day ___ 3/4 Day ___ Full Day
 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

2026-2027 TUITION RATES

	FULL DAY 7:00-6:00	¾ DAY 7:00-3:30	HALF DAY 8:00-1:00
5 DAYS	\$1,450.00	\$1,285.00	\$1,050.00
4 DAYS	\$1,260.00	\$1,135.00	\$930.00
3 DAYS	\$1,075.00	\$1,000.00	\$795.00
2 DAYS	\$850.00	\$795.00	\$635.00

**The registration fee is \$250.00 and must be paid in full with this registration form.
 The registration fee is non-refundable.**

Receipt of this form does not guarantee a position for your child. Children are placed on a waiting list until a position is available. Upon notification of space availability, acceptance must be received within 5 days.

Parent's Signature _____ Date _____

Office use: Fee paid \$ _____ Check # _____ Date _____ Rec'd by _____

Would you like to receive a call from our Pastor with more information about the Church? _____ Yes