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: ____3/4 Day ____Full Day

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

2026-2027 TUITION RATES INFANT/TODDLER

	FULL DAY 7:00-6:00	¾ DAY 7:00-3:30
5 DAYS	$2,200.00	$1,940.00
4 DAYS	$2,000.00	$1,760.00
3 DAYS	$1,800.00	$1,580.00

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 an SOLC elder with more information about the Church?_____Yes