



## 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 an SOLC elder with more information about the Church?** \_\_\_\_\_ **Yes**