



Registration Form

Please complete one form per child. Thank you.

My child will attend at the following location (check one below)

Central Luther Mendota Heights

Child's Name _____ Date of Birth _____

Parent's/Guardian's Name(s) _____

Address _____

Phone (c) _____

Phone (c) _____

Phone (w) _____

Phone (w) _____

Phone (h) _____

E-mail _____

E-mail _____

START DATE _____

Proposed Schedule

Day	Arrival Time	Departure Time
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

Where did you hear about SonShine Learning Center? _____

Parent/ Guardian Signature _____ Date _____