

# LIGHT OF THE WORLD SCHOOL

8750 Old Denton Road  
Keller, TX 76248

## 2007-2008

### PK-1 M/W or PK-1 T/Th—9am—2pm

### Friday Option 9am—Noon

**Ages: (three as of Sept 1, 2007)**

Days: M/W—9am—2pm **OR** T/TH—9am—2pm

Friday Option—9am—12Noon

Calendar: Follows Keller ISD schedule

Cost: M/W **OR** T/Th—\$1,650.00 (\$165.00 per month)

Cost: Friday Option—\$50.00 per month

Non-refundable Registration & Supply Fee—\$175.00

5% discount on tuition if paid in full (Non-refundable)

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Admission \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Allergies, existing or previous illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, etc.: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Additional People Authorized to Pick Child Up: (Name and Phone Numbers) \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Additional Helpful Information: \_\_\_\_\_

**Authorization for Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:**

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for this facility to secure any and all necessary emergency medical care for my child. Signed \_\_\_\_\_

Class Option: M/W \_\_\_\_\_ T/TH \_\_\_\_\_

Would like the Friday Option: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want your child's name in school directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Light of the World has my permission to take photos of my child, to be used solely for the purpose of school related activities. Yes \_\_\_\_\_ No \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* To reserve a spot in the Preschool Program, this form needs to be filled out and returned with the \$175.00 registration & supply fee  
PLEASE FILL OUT #4 ON THE BACK OF THIS PAGE AND SIGN IT. A COPY OF YOUR CHILD'S SHOT RECORDS IS SUFFICIENT. THANK YOU.

