

# Mt. Zion – Pre-School and Pre-Kindergarten 2009-2010 School Year Registration Application

Child's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Please check the Class & Program in which you wish to enroll your child:**

Pre-School Class (minimum age 2 ½)     T/Th     M/W/F     M-F  
 Pre-School Class (age 3 )                 T/Th     M/W/F     M-F  
 Pre-Kindergarten class (age 4 by Sept. 30)     T/Th     M/W/F     M-F

Application Fee due
\$50.00
<i>(non-refundable)</i>
Date Rec'd _____
Amount Pd.\$ _____
Check # _____

**Morning Program 8:15am-11:15am:** \_\_\_\_\_

**Full day Program 8:15am-3:15pm:** \_\_\_\_\_

**Extended Care Program: 7am-8am/3:00pm-6pm:** \_\_\_\_\_

**Drop Off Time** \_\_\_\_\_ **Pick Up Time** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mail should be addressed to: \_\_\_\_\_  
(e.g., Mr. and Mrs. ...)

Please list brothers and sisters and their ages:

Family Home Church \_\_\_\_\_

Child's Baptismal Birthday \_\_\_\_\_

Please list any medical information about your child that Mt. Zion staff should know:

Please share any other information about your child that would be helpful for Mt. Zion staff to know:

Has your child been enrolled in an early childhood program before? Yes\_\_\_ No\_\_\_ OPTIONAL: If you answered "yes," it may be helpful for the staff to know the type(s) of programs your child has experienced; list the school(s) or type of programs on the back:

How did you hear about Mt. Zion?    Yellow Pages \_\_\_\_\_    Word of mouth \_\_\_\_\_    Church \_\_\_\_\_    Internet \_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE