

Mt. Zion Lutheran Pre-School and Pre-Kindergarten 2013-2014 Registration Application

Child's Full Name _____ Birth date _____

Home Address _____ City _____ Zip _____

Address of Parent (if different than child's) _____

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

Morning Session 8:00am-1:00pm: _____

Afternoon Session 1:00pm-6:00pm _____

Full day Program 8:15am-3:15pm: _____

Extended Care Program: 7am/6pm: _____

Drop Off Time _____ Pick Up Time _____

After 6:00pm Late Pickup fees are: 1-5 minutes - \$10; 5-10 minutes - \$20; 10-15 minutes - \$30; etc.

Mother's Name _____ Occupation _____

Employer _____ Work Phone _____

Father's Name _____ Occupation _____

Employer _____ Work Phone _____

Mail should be addressed to: _____
(i.e., 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 _____

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

SIGNATURE OF PARENT/GUARDIAN

DATE

Admission Date: