

# Summer Enrollment Form

MT. ZION LUTHERAN SCHOOL  
1680 BALSAM AVENUE \* BOULDER, CO 80304  
(303) 443-8477

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Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_

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Grade Child Completed \_\_\_\_\_ School Year \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mail Should be addressed to: \_\_\_\_\_

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List brothers and sisters and their ages \_\_\_\_\_

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Family's Home Church \_\_\_\_\_

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Starting Date \_\_\_\_\_

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**Circle the class your child will attend:**      (8am - 11:50am)  
M/W/F <4hrs      M/W/F <7hrs      M/W/F 7+  
T/TH <4hrs      T/TH <7hrs      T/TH 7+  
M-F <4hrs      M-F <7hrs      M-F 7+

**Circle the months your child will attend**      June      July      August

Approximate arrival time \_\_\_\_\_ Approximate pick-up time \_\_\_\_\_

Family vacation dates if known \_\_\_\_\_

Please list any medical concerns or allergies \_\_\_\_\_

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**A CHILD IS NOT CONSIDERED REGISTERED AT MT. ZION UNTIL THE \$25.00 REGISTRATION (NON-REFUNDABLE) HAS BEEN PAID. THIS FEE RESERVES A SPOT FOR YOUR CHILD IN THE PROGRAM.**

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\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**