

# **Mt. Zion Lutheran Preschool – Toddler Program** **For Children One & Walking Independently to 2 ½** **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 circle the Program in which you wish to enroll your child:

Toddler Program – Extended Day (7:00am-5:30pm) (T/Th) (M/W/F) (M-F)

Toddler Program – School Day (8:15am-3:15pm) (T/Th) (M/W/F) (M-F)

Toddler Program – Morning Session 7:00am-12:30pm (T/Th) (M/W/F) (M-F)

Application Fee due \$50.00 (non-refundable) Date Rec'd _____
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Amount Pd. \$ _____
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Check # _____
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Drop Off Time \_\_\_\_\_ Pick Up Time \_\_\_\_\_

After 5:30pm Late Pickup fees are: 1-5 minutes - \$10; 5-10 minutes - \$20; 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 (on the back) any medical information about your child that Mt. Zion staff should know:

Please share (on the back) 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 \_\_\_\_\_

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SIGNATURE OF PARENT/GUARDIAN

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DATE

Admission Date:
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