

**Mt. Zion – Kindergarten**  
**2009-2010 School Year Registration Application**

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

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

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

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

**Program in which you wish to enroll your child (please check)**

**Morning Program only (8:15 – 11:15am):** \_\_\_\_\_

**Full Day Program (8:15-3:00pm):** \_\_\_\_\_

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

**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:

Previous Schools Attended:

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

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

\_\_\_\_\_  
DATE

<b>Application Fee Due \$80.00 (Non-refundable)</b>
Date Received _____
Amount Paid _____
Check # _____