

Mt. Zion Early Childhood Center – Toddler Program

For Children One and Walking Independently to 2 _ 2011-2012 Registration Application

Child's Full Name: _____ Birth date _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-Mail Address _____

PLEASE CIRCLE THE PROGRAM THAT APPLIES

Toddler Program (7:00am-6:00pm) – Full Day

2 day - \$562.00 3 day - \$843.00 4 day - \$920.00 5 day - \$1,150.00

Toddler Program Half Day – Morning Session 7:00am-12:30pm or Afternoon Session 12:30pm –6:00pm

2 day - \$281.00 3 day - \$429.00 4 day - \$507.00 5 day - \$573.00

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

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

Approximate 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 **(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 _____

SIGNATURE OF PARENT/GUARDIAN

DATE