

Mt. Zion – Kindergarten

2010-2011 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

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