

Mt. Zion – Pre-School and Pre-Kindergarten **2010-2011 School Year Registration Application**

Child's Full Name _____ Birth date _____

Home Address _____ City _____ Zip _____

Home Phone _____

Cell Phone _____ E-Mail Address _____

Please check the Class & Program in which you wish to enroll your child:

Pre-School Class (minimum age 2 ½) T/Th M/W/F M-F
 Pre-School Class (age 3) T/Th M/W/F M-F
 Pre-Kindergarten class (age 4 by Sept. 30) T/Th M/W/F M-F

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

Morning Program 8:15am-11:15am: _____

Full day Program 8:15am-3:15pm: _____

Extended Care Program: 7am-8am/3:00pm-6pm: _____

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:

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