

Mt. Zion – Toddler Program

For Children One and Walking Independently

2008-2009 School Year Registration Application

Child's Full Name: _____

Birth date _____

Home Address: _____

City _____ Zip _____

Home Phone: _____

Cell Phone: _____

E-Mail Address _____

Toddler Program (7:00am-5:30pm) – Full Day

2 day - \$530.00

3 day - \$810.00

5 day - \$1,100.00

____ T/Th

____ M/W/F

____ M-F

Application Fee due \$50.00 <i>(non-refundable)</i> Date Rec'd _____ Amount Pd.\$ _____ Check # _____
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After 5:30pm 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 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