Mt. Zion Lutheran Pre-School and Pre-Kindergarten
Registration Application

Child's Full Name _____   **Birth date** _____

Home Address _____   **City** _____   **Zip** _____

Address of Parent   (if different than child's)

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

Morning Session 7:30am-12:30pm: _____

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

Extended Care Program: 7am/5:30pm: _____

Drop Off Time _____   **Pick Up Time _____**

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

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

Mother's Name _____   **Occupation** _____

Employer _____   **Work Phone** _____

Father's Name _____   **Occupation** _____

Employer _____   **Work Phone** _____

Mail should be addressed to: _____

(i.e.., 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**

Admission Date: