**Mt. Zion Lutheran Preschool – Toddler Program**

#### For Children One & Walking Independently to 2 ½

**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 circle the Program in which you wish to enroll your child:**

|  |  |  |  |
| --- | --- | --- | --- |
| Toddler Program – Extended Day (7:00am-5:30pm) (T/Th) (M/W/F) (M-F) **Toddler Program – School Day (8:15am-3:15pm) (T/Th) (M/W/F) (M-F)**  **Toddler Program – Morning Session 7:00am-12:30pm (T/Th) (M/W/F) (M-F)** | **Registration Fee due**  **$100.00**  **(*non-refundable*)**  **Date Rec’d \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Amount Pd.$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | |
|  | **Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | |
| Drop Off Time \_\_\_\_\_\_\_\_\_ Pick Up Time \_\_\_\_\_\_\_\_\_\_ |  | |  |
| **After 5:30pm Late Pickup fees are: 1-5 minutes - $10; 5-10 minutes - $20; etc.** |  | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 (on the back) any medical information about your child that Mt. Zion staff should know:**

**Immunizations - Mt. Zion Preschool requires that your child be immunized in accordance with the Colorado Department of Public Health requirements for childcare. A copy of your immunization records are required upon your first day of preschool.**

**Please share (on the back) any other information about your child that would be helpful for Mt. Zion staff to know:**

**(OVER)**

**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: