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-Ma	ail Address
Please circle the F	Program in which you wish to e	nroll your child:	Registration Fee due
Toddler Program – E	extended Day (7:00am-5:30pm) (T/Th)) (M/W/F) (M-F)	\$100.00 (non-refundable)
	– School Day (8:15am-3:15pm)	(T/Th) (M/W/F) (M-	
Toddler Program (M-F)	– Morning Session 7:00am-12:3	0pm (T/Th) (M/W/F)	Amount Pd.\$
			Check #
	Pick Up Timeckup fees are: 1-5 minutes - \$10; 5-10		
Mother's Name	_Occupation		
Employer	_Work Phone		
Father's Name	_Occupation		
Employer	_Work Phone		
Mail should be ad to:	dressed		
(i.e, Mr. and Mrs.)		
Please list brothers a	nd sisters and their ages:		

Family Home

Church

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: