

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 _____ CellPhone _____ 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 # _____
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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:
