

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.

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:

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 any other information about your child that would be helpful for Mt. Zion staff to know on the back of this form:

(OVER)

Registration Fee due \$100.00 (non-refundable) Date Rec'd _____ Amount Pd.\$ _____ Check # _____
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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:
