

# 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 \_\_\_\_\_

Cell Phone (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

E-Mail Address (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

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 by Sept. 30)     T/Th     M/W/F     M-F  
 Pre-Kindergarten class (age 4 by Sept. 30)     T/Th     M/W/F     M-F

Morning Session 8:00am-11:30pm: \_\_\_\_\_

School day Program 8:15am-3:15pm: \_\_\_\_\_

Extended Care Program: 7:30am-5:00pm: \_\_\_\_\_

Drop Off Time \_\_\_\_\_ Pick Up Time \_\_\_\_\_

After 5:00pm Late Pickup fees are: 1-5 minutes - \$10; 5-10 minutes - \$20; 10-15 minutes - \$30; etc.

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

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.

How did you hear about Mt. Zion? Word of mouth\_\_\_\_ Church\_\_\_\_ Internet\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Admission Date: