

# **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 \_\_\_\_\_

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.

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 is required upon your first day of preschool.

**(OVER)**

Registration Fee due  
\$100.00  
(non-refundable)  
Date Rec'd \_\_\_\_\_

Amount  
Pd.\$ \_\_\_\_\_  
Check # \_\_\_\_\_

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 program:

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

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

\_\_\_\_\_  
DATE

Admission Date:
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