

ZION LUTHERAN PRE-SCHOOL & YOUNG 5 REGISTRATION FORM 2018/19

Child Information

Registration Date: _____ Pmt: _____

1st Child First Name: _____ Middle: _____ Last: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Baptism Date: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Current Church Membership: _____

Ethnic origin (please circle): Asian Caucasian African American Hispanic/Latino
Am. Indian/Alaskan Native Pacific Islander Other

Pediatrician's Name: _____ Phone: () _____

Circle the schedule your child will attend: 8am-11am (3yr old Preschool) Or 8am-3pm (Young 5's & 4yr old Preschool)

Siblings

Name: _____ Date of Birth: _____ School Attending: _____

Name: _____ Date of Birth: _____ School Attending: _____

Name: _____ Date of Birth: _____ School Attending: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Email: _____ Cell Phone: () _____ Provider: _____

Custodial Parent (If married, mark both parents) Church Membership: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Step-Father Name (if applicable): _____

Father/Guardian First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Email: _____ Cell Phone: () _____ Provider: _____

Custodial Parent (If married, mark both parents) Church Membership: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Step-Mother Name (if applicable): _____

May we take photographs of your child and print in our Beaver Log or publish on Website/Facebook? Yes No

***Please approve information to be published in the School Directory. _____ address _____ phone numbers _____ email**

(COMPLETE REVERSE SIDE ALSO)

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Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Alternate Phone: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Alternate Phone: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Alternate Phone: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Alternate Phone: _____

Tuition / Payment Information:

Current Tuition Amount: _____ [] Monthly [] Paid in Full

Please outline below the responsible person for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Thank You!