

Office Use: Date \_\_\_\_\_ Deposit \_\_\_\_\_ Cash/Check# \_\_\_\_\_ Fast Direct Verified \_\_\_\_\_

## Zion Lutheran Preschool 2024/25 Registration

*Circle the schedule your child will be attending:* 8-11am (3rd old preschool) **or** 8am-3pm (all day-4yr old preschool)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name your child prefers to be called: \_\_\_\_\_ Gender: [ ] Male [ ] Female

Date of Birth \_\_\_\_\_ Baptismal Date \_\_\_\_\_

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

Allergies: \_\_\_\_\_

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

Pediatrician's Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

May we publish your child's photo in our Beaver Log or on our Website/Facebook? [ ] Yes [ ] No \_\_\_\_\_

Siblings:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**Mother/Guardian's full name:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell yes/no Provider? \_\_\_\_\_

Email: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone # \_\_\_\_\_ Home Church: \_\_\_\_\_

Would you like more information about becoming a member at Zion Lutheran Church? Yes or No

**Father/Guardian's full name:** \_\_\_\_\_

*Check Box if same address*

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell yes/no Provider? \_\_\_\_\_

Email: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work phone # \_\_\_\_\_ Home Church: \_\_\_\_\_

Would you like more information about becoming a member at Zion Lutheran Church? Yes or No

May we publish:      address **yes or no**      Phone # **yes or no**      Email **yes or no**

**Complete the back of this form and sign.**

## Registration Fee Agreement

The Registration Fee for the 2024/25 School Year is \$75.00 per student and must accompany this form. Please register as soon as possible for material ordering and planning purposes. The Registration Fee pays for supplies, books, and services provided by the school. *This is non-refundable.*

## Tuition Fee Agreement

The tuition rates for the 2024/25 School year are outlined below. By direction of the voters of Zion, the Preschool tuition is a “flat rate” tuition rate for all – members of Zion and community members. Tuition charges will be charged in the Fast Direct program based on your payment preference. *Please mark your preference for billing below.*

- Tuition Amount ½ day:    \$300 [ ] Monthly                    \$2700 [ ] Paid in Full
- Tuition Amount full day:    \$550 [ ] Monthly                    \$4950 [ ] Paid in Full

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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### Emergency Contacts & Authorized Pickup Persons:

1<sup>st</sup> Contact/Pick-Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2<sup>nd</sup> Contact/Pick-Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

3<sup>rd</sup> Contact/Pick-Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

4<sup>th</sup> Contact/Pick-Up Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

***THANK YOU for choosing Zion Lutheran School for your student’s education!***

“To Better Know and Show Christ’s Love”