

Preschool Program Registration Form

Child's Name: _____ Date of Birth: _____

Address: _____ Male Female

_____ Home Phone: _____

Father's Name: _____ Cell Phone: _____

Email: _____ Text Message: Yes No

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

Email: _____ Text Message: Yes No

Place of Employment: _____ Work Phone: _____

Siblings:
(Name & Age) _____

List any allergies or medical conditions:



In Case of an emergency please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Hospital Preference: _____

Person(s) responsible for picking up your child: _____

Preference will be given in the following order:

a. Returning Students

b. Children 4 years old by September 1st

c. Children 3 years old by September 1st
(Will be admitted after August 1st if openings exist)

I am: a Member of Zion Church

Not a Member of Zion Church

Elementary School your child will be attending _____

I have read the policies and agree to the terms listed on the Zion Preschool Policies form.

Date: _____ Parent Signature: _____