|  |
| --- |
|  |
|  |

**ENROLLMENT FORM: 2024-2025**

120 S. Spring St. Palmyra, MO 63461

[zionpreschoolpalmyra@gmail.com](mailto:zionpreschoolpalmyra@gmail.com)

573-769-3739

Please select a program and then select either ‘½ day’ or ‘Full Day’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROGRAM #1**  **3-Yr-Old (Tue/Thu)** | | **PROGRAM #2**  **4-5 Yr Old (Mon/Wed/Fri)** | | **PROGRAM #3**  **3-5 Yr Olds (Full Week M-F)** | |
| ⬜ ½ Day  7:30 – 11:30 a.m.  $1,035/Year | ⬜ Full Day  7:30 – 5:30 p.m.  $2,475/Year | ⬜ ½ Day  7:30 – 11:30 a.m.  $1,395/Year | ⬜ Full Day  7:30 – 5:30 p.m.  $3,645/Year | ⬜ ½ Day  7:30 – 11:30 a.m.  $2,385/Year | ⬜ Full Day  7:30 – 5:30 p.m.  $6,300/Year |
| Child’s Age (as of 8/1/24): | | Child’s Age (as of 8/1/24): | | Child’s Age (as of 8/1/24): | |

**STUDENT INFORMATION**

(Last) (First) (Middle)

(House Number & Street) (City) (State) (Zip)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GENDER:**  ⬜ Male  ⬜ Female | **BIRTHDAY:** | **PLACE OF BIRTH:** | **LANGUAGE SPOKEN:**  ⬜ English ⬜ Spanish  ⬜ Other: \_\_\_\_\_\_\_\_\_\_ | **CHILD LIVES WITH:**  ⬜ Both Parents ⬜ Guardian  ⬜ Mom Only ⬜ Dad Only |
| (Month/Day/Year) | (City/State) |

**FATHER/GUARDIAN INFORMATION MOTHER/GUARDIAN INFORMATION**

Name Name

Address Address

Occupation Occupation

Employer Employer

Work Address Work Address

Work Hours (From: To: ) Work Hours (From: To: )

Work Phone: Preferred # ⬜ Work Phone: Preferred # ⬜

Cell Phone: : Preferred # ⬜ Cell Phone: Preferred # ⬜

E-mail: E-mail:

Responsible for paying tuition? ⬜ YES | ⬜ NO Responsible for paying tuition? ⬜ YES | ⬜ NO

**ADDITIONAL FAMILY INFORMATION**

**CONTINUED ON BACK**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sibling** | **Date of Birth** | **Sibling** | **Date of Birth** |
| **1.** |  | **4.** |  |
| **2.** |  | **5.** |  |
| **3.** |  | **6.** |  |

**PROHIBITED CONTACTS**

\*\* This person may **NOT HAVE ACCESS** to child \*\*

Name: Relationship to Child:

Order of Protection? ⬜ YES | ⬜ NO (If YES, Please provide a copy of the order)

**VAN TRANSPORT & CHILDCARE PROVIDER INFORMATION**

Transportation is available for (½ day) students. A small fee ($1.50/day) is charged to cover gas. The church van is used to drive students from preschool to childcare providers within 5 miles of town.

⬜ YES - I would like to take advantage of the van transportation ⬜ NO THANK YOU

Childcare Provider: Days Child Attends:

Provider’s Address: Provider’s Phone:

**CHURCH INFORMATION**

Family attends Church: ⬜ Regularly ⬜ Occasionally ⬜ Rarely/Never

Church Presently Attending: City, State:

Pastor’s Name: Church Membership: Mother Father

Are you interested in membership at Zion Lutheran Church? ⬜ YES ⬜ NO THANK YOU

Has your child been baptized? ⬜ YES, Date

Month/Day/Year

Baptismal Church City State