

ENROLLMENT FORM: 2023-2024

Please select a program and then select either '(½) Day' or 'Full Day'

PROGRAM #1		PROGRAM #2		PROGRAM #3	
3 Yr Old (Tue/Thu)		4-5 Year Olds (Mon/Wed/Fri)		3-5 Year Olds (M-F)	
<input type="checkbox"/> ½ Day 7:30-11:30 a.m.	<input type="checkbox"/> Full Day 7:30 a.m. -5:30 p.m.	<input type="checkbox"/> ½ Day 7:30-11:30 a.m.	<input type="checkbox"/> Full Day 7:30 a.m. -5:30 p.m.	<input type="checkbox"/> ½ Day 7:30-11:30 a.m.	<input type="checkbox"/> Full Day 7:30 a.m. -5:30 p.m.
Child's Age (as of 8/1/23): _____		Child's Age (as of 8/1/23): _____		Child's Age (as of 8/1/23): _____	

STUDENT INFORMATION

(Last) _____ (First) _____ (Middle) _____

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

SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHDAY: _____ (Month/Day/Year)	PLACE OF BIRTH: _____ (City/State)	LANGUAGE SPOKEN: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	CHILD LIVES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only
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FATHER OR GUARDIAN

MOTHER OR GUARDIAN

Name	Name
Address	Address
Occupation	Occupation
Employer	Employer
Work Address	Work Address
Work Hours - From: _____ To _____	Work Hours - From: _____ To _____
Work Phone: _____ <input type="checkbox"/> Preferred #	Work Phone: _____ <input type="checkbox"/> Preferred #
Cell Phone: _____ <input type="checkbox"/> Preferred #	Cell Phone: _____ <input type="checkbox"/> Preferred #
E-mail: _____	E-mail: _____
Responsible for paying tuition? <input type="checkbox"/> YES <input type="checkbox"/> NO	Responsible for paying tuition? <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL FAMILY INFORMATION

Siblings	Date(s) of Birth	Siblings	Date(s) of Birth
1		4	
2		5	
3		6	

CONTINUED ON BACK

ADDITIONAL AUTHORIZED CONTACTS AND PICK-UP LIST

****Emergency Consent & Release Info** | ****In Event of Illness or Accident**** | ****Child Release Authorization******

If parent/guardian cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize the following persons listed below:

Name (1):	<input type="checkbox"/> AUTHORIZED PICK-UP & CHILD RELEASE	<input type="checkbox"/> AUTHORIZATION FOR EMERGENCY MEDICAL CARE
Phone:		
Relationship to child:		
Name (2):	<input type="checkbox"/> AUTHORIZED PICK-UP & CHILD RELEASE	<input type="checkbox"/> AUTHORIZATION FOR EMERGENCY MEDICAL CARE
Phone:		
Relationship to child:		
Name (3):	<input type="checkbox"/> AUTHORIZED PICK-UP & CHILD RELEASE	<input type="checkbox"/> AUTHORIZATION FOR EMERGENCY MEDICAL CARE
Phone:		
Relationship to child:		
Name (4):	<input type="checkbox"/> AUTHORIZED PICK-UP & CHILD RELEASE	<input type="checkbox"/> AUTHORIZATION FOR EMERGENCY MEDICAL CARE
Phone:		
Relationship to child:		

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

Name _____ Relationship to child _____ Order of Protection? Yes | No

VAN TRANSPORT & CHILDCARE PROVIDER INFORMATION

Transport is available for (½) day students. A small fee (\$1/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 van transport. | 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? No | Yes - Date _____/_____/_____

Baptismal Church _____ City _____ State _____