

# 4 Year Old Preschool Registration

Child's Name: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City)

\_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Home Phone)

\_\_\_\_\_ (Dad Cell)

\_\_\_\_\_ (Mom Cell)

Birth date: \_\_\_\_\_

Baptismal date: \_\_\_\_\_

Family's Church Affiliation: \_\_\_\_\_

Email address: Dad: \_\_\_\_\_

Mom: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to contact in case you cannot be reached:

\_\_\_\_\_ Phone: \_\_\_\_\_

Medical problems: \_\_\_\_\_

Allergies (food, animals, etc.): \_\_\_\_\_

Other children in the family: \_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

Previous group experience (ie. ECFE, Sunday School): \_\_\_\_\_

Upon completion, please mail, with your \$85.00 (\$40.00 non-refundable registration fee and \$45.00 snack fee) to:

Zion Lutheran School  
209 Bluejay Ave.  
Mayer, MN 55360

Zion Lutheran School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other administered programs.