

3 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.