

Pre-Kindergarten Registration

(Child must turn 4 prior to Sept. 1, 2020)

Child's Name: _____
(First) (Middle) (Last)

Sex: Male Female

Address: _____
(Street)

(City) (Zip Code) (Primary Phone Number)

(Dad Cell)

(Mom Cell)

Birth date: _____

Baptismal date: _____

Family's Church Affiliation: _____
(Congregation Name) (Location)

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 registration fee to:

Zion Lutheran School
209 Bluejay Ave.
Mayer, MN 55360

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