

# ZION LUTHERAN PRESCHOOL

## PARENT/TODDLER REGISTRATION FORM

### 8 Week Program

CHILD'S FULL NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (Zip)

DATE OF BIRTH \_\_\_\_\_ Home phone \_\_\_\_\_  
(Month, Day, Year)

FATHER'S NAME \_\_\_\_\_ Cell phone \_\_\_\_\_

OCCUPATION \_\_\_\_\_ Bus. Telephone \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Cell phone \_\_\_\_\_

OCCUPATION \_\_\_\_\_ Bus. Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Name of person attending class with child: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age of Child(ren) attending: \_\_\_\_\_

My child has the following medical conditions or allergies you should know about:

\_\_\_\_\_

I agree to pay a registration fee for the Parent/Toddler Program at Zion and I agree to the payment terms and conditions of the program. No refunds or rescheduling will be done if the child misses a session.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Session Start Date: \_\_\_\_\_

#### Office Use Only:

Registration Fee of \$20.00 per family

8 Week Course Fee of \$120.00

Paid on: \_\_\_\_\_ Check# \_\_\_\_\_

Paid on: \_\_\_\_\_ Check# \_\_\_\_\_