

ZION LUTHERAN SCHOOL

1400 Skeel Street
Brighton, Colorado 80601
303-659-3443

Date & Time received _____
Fee Paid \$ _____ Check # _____
Initials _____ (office use only)

2009-2010 PRESCHOOL ENROLLMENT FORM

This application is for enrollment in:

(please check 1st, 2nd, and 3rd choices)

- ★ Pre-Kind.-A (Must be 4 years old by Sept. 15, 2009) Mon-Fri 8 am – 11 am
- Pre-Kind.-B (Must be 4 years old by Sept. 15, 2009) Mon-Thur 12 pm. – 3 pm
- ★ Pre-Kind.-C1 (Must be 3 years old by FIRST day of school) Mon-Fri 8 am – 11 am
- Pre-Kind.-C2 (Must be 3 years old by FIRST day of school) Mon, Wed, Fri 8am - 11am
- Pre-Kind.-C3 (Must be 3 years old by FIRST day of school) Tues & Thur 8am- 11 am
- Pre-Kind.-D ((Must be 4 years old by Sept. 15, 2009) Mon, Wed, Fri 8 am– 11 am
- Pre-Kind.-E (Must be 3 years old by FIRST day of school) Tues & Thur 8 am – 11 am
- Pre-Kind.-F (Must be 4 years old by Sept. 15, 2009) Tues, Wed, Thurs 12 pm

★ I need child care opposite this session.

Name of Child _____ (last) _____ (first)

Address _____ Home Phone: _____ Cell: _____

City _____ State _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____ Baptized? Yes _____ No _____ Date _____

Male _____ Female _____ Is child potty trained? Yes _____ No _____

Name of brothers and/or sisters and their dates of birth:

Is either parent a member of Zion Lutheran Church? Yes _____ No _____

If you have a church home other than Zion, please give its name and location. _____

Child is living with (please circle)

Both Parents Mother Father Stepmother Stepfather (Other) _____

Parent or Guardian's Name(s) _____

Previous school (if any) child has attended:

Name of School _____ Address _____ Dates Attended _____

How did you hear about Zion Lutheran School? _____

Return: 1) Completed application form.

2) Copy of birth certificate, immunization record, and a completed health record from child's doctor must be turned into the Office NO Later than August 1st.

3) Check in amount of \$75.00 as a deposit; payable to Zion Lutheran School. This will be applied to registration if accepted. Deposit will be refunded **only if we cannot place your child.**

4) Please explain, on a separate sheet of paper, any special needs your child has.

"I do not give my permission for my child's name/picture to be outside of the school or parish newsletter."

Initials: _____ (indicates denial of permission)

Name of person completing the application: _____