



Summer Fun 2026

100 West Main Street, Hummelstown, Pa 17036
Phone: 717.603-0413 email: zluthpreschool@gmail.com



Program Registration Form



Program Options: \$480 FOR ALL 8 WEEKS (\$30/DAY)
\$60 weekly
\$35/day for Drop-Ins
* Unfortunately, no financial aid is available
* Sibling Discount

9:15 AM – 12:15 PM – Tuesdays & Thursdays

CIRCLE WEEK/WEEKS ATTENDING

2-Year-Old Class	_____	June 16 & 18
3-Year-Old Class	_____	June 23 & 25
4-Year/PreK Class	_____	June 30 & July 2
		July 7 & 9
5-Year-Old Class	_____	July 14 & 16
6-Year-Old Class	_____	July 21 & 23
7-Year Old Class		July 28 & July 30
8-Year-Old Class	_____	August 4 & 6

Child's name _____ M ___ F ___ Date of Birth ___/___/___

Nickname (if Applicable) _____ Home phone # _____

Home address _____ Zip code _____

Mother/
Guardian _____ Employer _____

Cell# _____ Work phone _____ Email address _____

Father/
Guardian _____ Employer _____

Cell# _____ Work phone _____ Email address _____

Allergies and/or Food Restrictions _____

Living with both parents YES NO If not Specify _____

Address of Parent (if different) _____

Please list 2 local emergency contacts, if parent(s) not available

1. Name _____ Phone number _____

2. Name _____ Phone number _____

Family Physician _____ location _____ Phone _____

Can child care for him/herself in bathroom? YES NO Specify what bathroom help is given at home and how we can follow through and assist at school. _____

_____ **I give permission for my child to take walks to the library, neighborhood, local playground, etc. during this Summer Camp time/hours of operation.**

Has your child had an unusual experience, such as an accident, or does your child have any strong fears?

How does your child relate to new experiences and new people?

How did you hear about Zion Lutheran Preschool? _____

To explain, illustrate and publicize the Zion Lutheran Preschool and to promote outreach of the program's role in community, Zion Preschool will, from time to time, develop presentation for information and educational purposes. Information presentation may include student interviews and/or images of students. Because Zion is sensitive to the needs of children, and the privacy rights of parents, every effort is made to treat public relations matters appropriately and in accordance with the expressed preferences of parents.

_____ **I agree** that interviews with my child or **images (photographs) may be used on the Zion Lutheran Church/Preschool website**, or released to local media providers, for any legitimate purpose of the organization, including publication of educational or promotional materials. I understand and agree that there will be no compensation for the use of these materials. I realize that I may revoke this permission at any time by providing written notice to the Zion Lutheran Preschool board.

YES hallways **YES** websites **YES** Social Media **YES** local media
YES Remind App (School Families Only)

_____ **I DO NOT GIVE PERMISSION** for interviews with my child or images of my child to be used by Zion Lutheran Preschool or released to local media providers and will provide a written notice to Zion Lutheran Preschool.

(signature)

(date)

The Zion Lutheran Preschool admits students of any race, color, and national or ethnic origin.