Zion Lutheran Preschool 2024-25

100 West Main Street, Hummelstown, Pa 17036

Phone: 717.603-0413 email: zluthpreschool@gmail.com

Program Registration Form **Registration**

**Drop off 9:15am play until 9:30am & Supply Fee**

Program Options: **$50**

**2-Year-Old Class** Tuesday & Thursday (**9:30-11:30**) 70 days (max )

Office use:

Date Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_
Payment Received:

\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Year** **9 Payments**

$1,440.00 $160.00

**3-Year-Old Class** Monday, Wednesday & Friday (**9:30-12:00**) 105 days (max)

 **Full Year** **9 Payments**

 $2,025.00 $225.00

**4-Year/PreK Class** Monday through Thursday (**9:30-12:15**) 125 days (max)

**Full Year** 9 Payments

$2,475.00 $275.00

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M\_\_\_F\_\_\_Date of Birth \_\_\_/\_\_\_/\_\_\_

 Circle

Nickname (if Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_shirt size Youth XS, S, M Home phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building child will attend K-5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/

Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Email

Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/

Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Email

Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religious

Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Race\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living with both parents YES NO If not Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members in household (relationship to child, age of brothers & sisters)

*see reverse side*

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

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_location\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_

General condition of child’s health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical, mental, or emotional limitations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children must be fully immunized, and forms submitted prior to the first day of school. These forms are very important and if not received in a timely manner may jeopardize your child’s enrollment.**

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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What form of discipline do you use with your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had previous nursery school experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child attended church, neighborhood, or other group activities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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** website **YES** Facebook **YES** church website **YES** local media

\_\_\_\_\_ **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.