

Zion Lutheran Preschool 2026-2027

100 West Main Street, Hummelstown, Pa 17036

Phone: (717) 603-0413

email: zluthpreschool@gmail.com

Program Registration Form

Drop off 9:15am play until 9:30am

Program Options:



**Registration
& Supply Fee
\$50**

2-Year-Old Class Tuesday & Thursday (9:30-11:30)

Full Year
\$1,575

9 Payments
\$175.00

Office use:

Date Received: _____

Payment
Received: _____

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

Full Year
\$2,115.00

9 Payments
\$235.00

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

Full Year
\$2,565.00

9 Payments
\$285.00

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) _____

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.