

**Zion Lutheran Preschool**  
100 West Main Street, Hummelstown, PA 17036  
717.303.9870  
[www.preschool@zluth.org](http://www.preschool@zluth.org)

2009-2010 Registration Form

\_\_\_\_ Tues/Thurs 3 year old morning class (9:15-11:45) \$80.00 monthly tuition  
\_\_\_\_ Mon/Weds./Fri. 4 year morning old class (9:15-11:45) \$110.00 monthly tuition

Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Nickname used (if Applicable) \_\_\_\_\_ Child's date of birth \_\_\_/\_\_\_/\_\_\_

Child's complete address \_\_\_\_\_

\_\_\_\_\_ zip code \_\_\_\_\_

School District you reside in \_\_\_\_\_

Home phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Are both parents living? \_\_\_\_\_ Is child living with both? \_\_\_\_\_

If not please specify \_\_\_\_\_

Address of parent (if different from child's) \_\_\_\_\_

\_\_\_\_\_

Other members of household (relationship to child, age of brothers and sisters)

\_\_\_\_\_

\_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Race \_\_\_\_\_

(over)

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 \_\_\_\_\_

Allergies \_\_\_\_\_

**Children must be fully immunized prior to the first day of school**

Can child care for him/herself in the bathroom? \_\_\_\_\_

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? \_\_\_\_\_

If funds become available, are you interested in receiving information about tuition assistance? \_\_\_\_\_yes

Thank you for your interest in Zion Lutheran Preschool. Please return this completed form along with a nonrefundable deposit of \$25.00 to the school. Make your check payable to Zion Lutheran Preschool

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

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