

2022-2023
ZION LUTHERAN SCHOOL + LITCHFIELD, IL
PREKINDERGARTEN REGISTRATION FORM

Student Name:

Last	First	Middle
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Male: () Female: () Date of Birth: _____ Adopted: yes/no

Please Choose Your Class Option:

3 Year Old 2 Days/Week - Tues & Thurs Noon-3pm _____

4 Year Old 5 Days/Week - Mon-Fri, 8am-11am _____

4 Year Old 3 Days/Week - Mon, Wed, & Fri, noon-3pm _____

REGISTRATION FEE: 5 DAYS/WEEK \$75.00

2 or 3 DAYS/WEEK \$50.00

TECHNOLOGY FEE: \$50.00

PARENTAL INFORMATION

Father's Name (first & last)

Mother's Name (first & last)

Address

Address (If different from Father's)

City/State/Zip Code

City/State/Zip Code

Email

Email

Cell Phone

Cell Phone

Work Phone

Work Phone

Father's Employer

Mother's Employer

To receive emergency texts from Zion Lutheran School, please provide cell phone carrier: _____

Please Complete Other Side

Family Church

Membership: _____ Denomination: _____

Baptized: _____ Yes _____ No

Baptism Date: _____

Marital Status of Parents:

_____ Married _____ Separated _____ Divorced _____ Not Married

Child Lives with:

_____ Both Parents _____ Father _____ Mother _____ Other _____ (List)

Ethnicity:

_____ Caucasian _____ African American _____ Asian/Pacific Islander
_____ Hispanic/Latino _____ American Indian/Alaska Native _____ Multi-ethnic

NON-DISCRIMINATION POLICY

Zion Lutheran School admits students of any race, color, national and ethnic origins to all the rights, privileges, programs, and activities generally accorded or made to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and athletic and other school administered programs.

We promise to support the program at Zion Lutheran School and cooperate with the staff and Board of Education

Parent Signature _____

Date _____