

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**