



Zion Lutheran Preschool Registration 2023-2024

Child's Name: _____ D.O.B. _____ Baptized: Yes / No

Would you like more information about Baptism: Yes /No

Home Church : _____ Denomination: _____

Child's Address: _____ City: _____ State: _____

Attendance Options:

___4-Year-Old- Monday-Friday (5 days a week)

___3-Year-Old- Monday-Tuesday (2 days a week)

___3-Year-Old- Monday-Thursday (4 days a week)

___3 -Year-Old Wednesday-Thursday (2 days a week)

Parent's Name: _____ Employer: _____

Phone: Home- _____ Cell- _____ Email: _____

Address (if different than listed above): _____

City: _____ State: _____

Parent's Name: _____ Employer: _____

Phone: Home- _____ Cell- _____ Email: _____

Address (if different than listed above): _____

City: _____ State: _____

Sibling(s) Names

Age

Grade

School
