



Zion Lutheran Preschool

2100 Boniface Parkway

Anchorage, AK 99504

Phone: 222-3838 Fax: 333-4014

Website: www.akzion.org

ENROLLMENT FORM

Name of Child: _____ Birthdate: _____

Siblings enrolled at the facility: _____

How to reach parent(s) or legal guardian(s):

MOTHER _____ FATHER _____

Hm Address _____ Hm Address _____

City/State _____ Zipcode _____ City/State _____ Zipcode _____

Hm Phone _____ Hm Phone _____

Wk Phone _____ Wk Phone _____

Cell Phone _____ Cell Phone _____

Authorized to pick up child? Yes No Authorized to pick up child? Yes No

The following people are also authorized to pick up my/our child/ren from school:

Name _____ Relationship _____

Address _____ City/State _____ Zipcode _____

Hm Phone _____ Cell Phone _____ Wk Phone _____

Name _____ Relationship _____

Address _____ City/State _____ Zipcode _____

Hm Phone _____ Cell Phone _____ Wk Phone _____

Name _____ Relationship _____

Address _____ City/State _____ Zipcode _____

Hm Phone _____ Cell Phone _____ Wk Phone _____

Name of Child: _____

Person to be called in case of an EMERGENCY when parent(s) cannot be contacted:

Name: _____ Relationship: _____

Address: _____

Home Ph: _____ Cell Ph: _____ Wk Ph: _____

Usual Physician:

Name: _____ Ph: _____

Address: _____

Preferred Hospital: _____ Ph: _____

Address: _____

List any allergies including allergic reactions to medications or over the counter drugs or any other physical or developmental issues for which we should be aware: _____

Signature of parent or legal guardian

Date

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This authorizes Zion Lutheran Preschool Staff to give permission to any doctor, nurse or hospital to provide emergency medical or surgical care for _____ in the event that I cannot be contacted immediately. It is understood that a conscientious effort will be made to locate me, or my spouse before any action will be taken. I understand my obligation to keep my preschool provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care.

Witness

Signature of Parent or Legal Guardian

Date

Date

Personal History

Can the child use the bathroom independently? yes no (Circle one)

Is your child left or right handed? (Circle one)

Any special words: _____

Favorite books: _____

Favorite movies or TV shows: _____

Favorite indoor / outdoor activities: _____

Does your child enjoy playing with other children? yes no (Circle one)

Does your child have any special fears? _____

What is your child's current interests? _____

Discipline methods you find most effective: _____

How does your child respond to correction? _____

Areas of your child's development that most pleases and annoys you: _____

FINANCIAL AGREEMENT

1. My child will attend Zion Lutheran Church and Preschool and participate fully in its educational programs.
2. I agree to pay tuition and fees to the amount specified by the school I understand that monthly tuition is due the 10th of each month. A late fee of \$25.00 will be charged after the first day of the tuition is due.
3. I understand that failure to make financial payments in accordance with the above within thirty days of the date owed, will terminate the enrollment of my child in the school.
4. Parents must provide the school two weeks notification prior to removing a child from school
5. I understand that if I am late for pick up of my child, I will be billed \$2.00 per minute for every minute later than 10 minutes from the conclusion of class. This charge will be reflected on an individual statement.
6. I understand that there will be a \$30.00 fee added to my next month's tuition for any checks returned for insufficient funds.
7. I understand that temporary, non emergency leave from the school does not exempt me from payment of tuition during the leave of absence.
8. If for any reason, I believe that I will not be able to continue to meet this financial obligation, either temporarily or indefinitely, I will discuss this matter with the Preschool Director.

Your signature (s) below indicate that you have read this enrollment packet carefully and provided correct information to the best of your knowledge, and that you give consent and agree to all the above. It further indicates that you have read and agree to abide by all policies and procedures of Zion Lutheran Church and Preschool and its programs which are included in the Zion Lutheran Church and Preschool Handbook as well as any updates which will be printed in either the monthly newsletter or correspondence from the Preschool Director.

Parent's signature

Date

Parent's signature

Date

CLASS ENROLLMENT

Please check the class for which your child is enrolling: **A.M.** **P.M.** (Please circle one)

___ Two day program: Tuesday and Thursday for three and early four year olds.

___ Three day program: Monday, Wednesday, Friday for four and five year olds.

___ Four day program: Monday, Tuesday, Wednesday and Thursday for older four and five year olds.

Local Church affiliated with _____

Church attendance is ___ regular ___ occasional ___ don't attend (check one)

Does your child attend Sunday School? **Yes** **No** (Circle one)

Has your child been baptized? **Yes** **No** (Circle one)

Would you like to talk with our Pastor about baptism? **Yes** **No** (Circle one)

Would you like to receive e-mail messages about Zion Lutheran Preschool? **Yes** **No** (Circle one)

E-mail address: _____

PARENT VOLUNTEER INFORMATION

___ I would like to volunteer to help in the classroom if needed on _____
Day of the week

___ I would be available to drive for field trips if needed.

___ I would be interested in being a room mom. (Help with parties and special events) I would be interested in sharing a special story or a talent from time to time.

___ I would be interested in attending an Adult Bible Study Group during the hours that my child is attending school.

___ I would be interested in forming a child/ parent after school get together group for friendship outings.

