

# Zion Early Education Center

## Application For Enrollment

### 2018-2019

Today's Date: \_\_\_\_\_

Class Requested: Two's, Three's, Pre-K, Kindergarten (please circle one)

Number of Days: \_\_\_\_\_

Name of Child: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ (zip) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parents)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Persons other than parents to whom the child may be released

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Doctor's Name and Telephone: \_\_\_\_\_

Names and ages of other children in household: \_\_\_\_\_

Other school attended by child \_\_\_\_\_

Is there a court order regarding custody or visitation of this child? No \_\_\_ Yes \_\_\_  
(please supply details)

Special Concerns (allergies, hearing, etc.) \_\_\_\_\_

I certify that I am the person financially responsible for my child's tuition payments. If parents or emergency contacts cannot be reached during an emergency, I authorize school personnel to contact my child's physician or other emergency personnel as seems necessary. I agree to assume financial responsibility for any expenses that might occur.

Signature of Parent: \_\_\_\_\_