
/ /

Home Phone

Date

Fall 2024 Child's Information



Work Phone

First	Middle		Last				
Name used							
Male Female	Any food al	lergies? Yes No					
Birth Date (mm/dd/yy)	If yes, please list the allergies.						
/ /							
Current Age: Are there any other dietary restrictions	? Ves	No If yes, please indic	ate.				
Name of previous Preschool/Daycare a	and age wher	attended: Was it positiv	ve?				
List any fears your child may have:							
Do you suspect any hearing or language	ge difficulties	? Yes No					
Does your child easily separate from p		Yes No					
Do you think your child is right or left	handed?	right handed left	handed				
Parent Information (Please Print)							
e-mail address:							
Mother's Name:							
Address		City		State	Zip Code		
	()	_	()	_		
Home Phone	Cell Phone	-	Work	Phone			
	-						
Father's Name:							
Address (if different from above)		City		State	Zip Code		
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Cell Phone

Montrose Zion Christian Preschool Registration Form

Family Information

Please provide the name and ages of any siblings:			
Present Church affiliation:			
Name of Church:			
Does your child attend Sunday School? Yes No			

Immunization Policy - We do not accept children who are not immunized for any reason other than the immunization is medically contraindicated or not medically appropriate for the child's age. Children whose parents have declined immunizations will not be accepted.

Enrollment Information

Class enrolled for the fall: Select one class session

3 yr. old class*	4 yr. old class	Pre-K
Tues. & Thurs.	Mon., Wed., & Fri.	Mon. through Fri.
9:00-11:30 A.M.	9:00-11:30 A.M.	9:00-11:30 A.M.
\$1,440/year or \$160.00/month	\$1,845/year or \$205.00/month	\$2,475/year or \$275.00/month

*10% Tuition Discount available for each additional child

Registration/Supply Fee is \$130 for each child.

*Registration/Supply Fee is due at the time of registration and is non-refundable. * This fee takes care of cleaning supplies, daily nutritious snacks, all class Holiday parties and related crafts, graduation bibles, classroom supplies and the Weekly Reader magazines for each child.

Return this page to the Preschool Office along with the registration fee to guarantee your child's space.

*Do you need additional	information on o	our scholarship prog	gram? \Box Y	es 🗌 No

*Are you interested in a Lunch Bunch option from 11:30 am to 1:00 pm? (\$6 per day) *May increase for Fall 2024
Yes No
How often would you use it? (please check the days you would be interested in)

Monday Tuesday Wednesday Thursday Friday

Please take a moment and tell us how you heard about our program.

Signature of the parent registering this child

For office use only: Date interviewed: Date payment received: