

Zion Developmental Learning Center

ADMISSION PROCEDURES

Step 1: Complete and sign this Admissions **Application**.

Step 2: Attach a check for the **Registration Fee and Activity Fee**.

Step 3: Read carefully & **sign** Contractual Agreement on back page.

Step 4: Submit to ZDLC Office (Preschool Office).

CHECK TYPE OF CARE NEEDED

INFANT PROGRAM: (6 weeks-12 months) (7:30am-6:00pm) _____

TODDLER PROGRAM: (12 months-24 months) Check only one

M - F _____	MWF _____	Half Day (8:00am-11:30am)
M - F _____	MWF _____	Full Day (8:00am-3:00pm)
M - F _____	MWF _____	Extended Day (7:30am-6:00pm)

TWO YEAR OLD PROGRAM: Check only one

M - F _____	MWF _____	Half Day (8:00am-11:30am)
M - F _____	MWF _____	Full Day (8:00am-3:00pm)
M - F _____	MWF _____	Extended Day (7:30am-6:00pm)

THREE YEAR OLD PROGRAM: (Must be age 3 by Sept. 1) Check only one

M - F _____	MWF _____	Half Day (8:00am-11:30am)
M - F _____	MWF _____	Full Day (8:00am-3:00pm)
M - F _____	MWF _____	Extended Day (7:30am-6:00pm)

Zion Lutheran Christian School does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, employment practices, admission policies, financial aid and loan programs, athletic or other school administered programs.

Zion Developmental Learning Center

ADMISSION PROCEDURES FOR PRE-K

Step 1: Complete and sign this Admissions **Application**.

Step 2: Attach a check for the **Registration Fee and Activity Fee**.

Step 3: Read carefully & **sign** Contractual Agreement on back page.

Step 4: Submit to ZDLC Office (Preschool Office).

CHECK TYPE OF CARE NEEDED

FOUR YEAR OLD PROGRAM: (Must be age 4 by Sept. 1)

Check only one

M - F _____ Half Day (8:00am-11:00am)

M - F _____ Full Day (8:00am-3:00pm)

M - F _____ Extended Day (7:30am-6:00pm)

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ZION DEVELOPMENTAL LEARNING CENTER

A DIVISION OF ZION LUTHERAN CHRISTIAN SCHOOL

FOR OFFICE USE:

Activity Fee \$ _____	Registration Fee \$ _____	Tuition Rate \$ _____
New Student _____	Family # _____	Student # _____
Start Date _____	Class Change Date _____	Rate \$ _____

Family Information for the 20__-20__ School Year Class _____

Child's Name _____ Date of Enrollment _____

Address _____ Birth Date _____ Sex _____

City _____ Zip _____ Home Phone _____

Billing Address if different than above: _____

Mother _____

Name	Home Address	Home Phone
Mother's SS# _____	D.L.# _____	

E-mail Address: _____

Father _____

Name	Home Address	Home Phone
Father's SS# _____	D.L.# _____	

E-mail Address: _____

Place of Employment	Business Address	Business Phone	Cell Phone
Mother: _____			
Father: _____			

Child's Physician _____

Name	Address	Phone
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May the Center call another Physician if unable to contact the above? Yes ___ No ___

Persons permitted to pick-up your child: Mother ___ Yes ___ No Father ___ Yes ___ No

Name _____	Relationship _____	Phone/Cell _____
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Name _____	Relationship _____	Phone/Cell _____
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Name _____	Relationship _____	Phone/Cell _____
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Name _____	Relationship _____	Phone/Cell _____
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X _____
Signature of Mother

X _____
Signature of Father

May we use parent/student name, address and phone number in our school directory? Yes _____ No _____

May we photograph and/or videotape your child at school for yearbook, *Good News*, and community newspapers?
Yes _____ No _____

Are you active in a local church? Yes _____ No _____

Are you interested in learning more about Zion Evangelical Lutheran Church? Yes _____ No _____

Father's
Denomination _____

Mother's
Denomination _____

Is this child baptized? Yes _____ No _____

STUDENT PROFILE

Last School Attended _____ How long _____

Principal/Director _____ Phone _____

Reason For Leaving _____

Special Needs _____

Physical Handicaps or Limitations _____

Emotional or Psychological Needs _____

Special Medication or Medical Condition/Allergies _____

Names of Brothers & Sisters	Age	School Attending	Grade Entering

CONTRACTUAL AGREEMENT

1. We, the undersigned, do hereby certify this information to be complete and factual.
2. We do hereby agree to fulfill all financial obligations and agree to adhere to the policies and regulations as required by Zion Evangelical Lutheran Church and School. I understand that if any unpaid obligation is forwarded to a collection agency or attorney for collection, I will be responsible for all collection costs and/or attorney fees incurred.
3. We understand the registration fee and activity fee are non-refundable and are **NOT** part of the yearly tuition cost.
4. We understand that the overhead expenses of the church and school do not diminish with the departure of a student during the course of the year.
5. **We agree to pay tuition regardless of the child's attendance, including holidays unless excluded from contractual period.**
6. **We understand that we ARE obliged to pay tuition for the balance of the school month in which our child leaves the school unless Zion requests the departure of the student for disciplinary reasons, or a two week notice is submitted, whereby tuition is due through the last day of enrollment.**
7. This document is a binding contract between the undersigned and Zion Evangelical Lutheran Church and School.

_____ X _____
Date Signature of Mother

_____ X _____
Date Signature of Father