

For Office Only

Registration Fee _____ Date Paid _____
Check # _____ Cash _____
1st Month Tuition Amount _____
Date Paid _____ Check# _____ Cash _____

Date of Application _____

I will be using the After School Care Program: On a regular basis: _____ Occasional: _____

Zion Lutheran School

625 Church Drive

Bethalto, Illinois 62010

Registration Form - Preschool 2011 -2012

Name of Student _____ Goes by: _____ Sex: Male - Female Date of Birth: _____
Last First Middle (circle)

Address _____ City _____ Zip Code _____

Phone _____ Unlisted: yes: ___ no: ___ Publish in School Directory: yes: ___ no: ___ E-mail Address _____

Place of Birth _____ Ethnic Group White, Black, Hispanic, Asian, American Indian, Mixed Church Affiliation _____
(Please circle)

Father's Name _____ Mother's Name _____ List any brothers or sisters
First Name Last Name First Name Last Name below with their ages.

Social Security # _____ Social Security # _____

Occupation _____ Occupation _____

Place of Employment _____ Place of Employment _____

Phone Number _____ Phone Number _____

Cellular Phone # _____ Cellular Phone # _____

Church Membership _____ Church Membership _____ Status of Parents or Guardians (circle)
Married Divorced Separated
Single Foster Step-Parent

Child lives with _____ Person responsible for tuition _____
Name Address Phone #

Please check the priority of your child: _____ Zion Member _____ Current enrolled student (or sibling of) _____ Other LCMS member
_____ Other Lutheran Church member _____ Sibling of school's alumni _____ Public

1st Choice _____ 2nd Choice _____ 3rd Choice _____