

ZION LUTHERAN PRESCHOOL

1022 W. Monroe Street
 Decatur, Indiana 46733
 (260) 728-9995

2020-2021 Application

ZION LUTHERAN SCHOOL EXISTS TO OFFER A CHRIST-CENTERED, CHILD-FOCUSED, QUALITY
 LUTHERAN EDUCATION TO ALL CHILDREN AND FAMILIES, EMPOWERING THEM TO BE BOLD DISCIPLES OF JESUS.

Please circle the grade your child is entering:

2DPS 3DPS All day

STUDENT INFORMATION

__Male __Female

NAME: LAST FIRST MIDDLE NAME CHILD WISHES TO BE CALLED

ADDRESS CITY STATE ZIP (AREA CODE) HOME TELEPHONE

DATE OF BIRTH CURRENT AGE BIRTHPLACE (City, State)

Ethnicity: __ White, not Hispanic origin; __ Hispanic; __ Asian or Pacific Islander; __ Black; __ Indian or Alaskan Native; __ Multi-racial; __ Unknown; __ Other (please list): _____ **(District Required)**

Indicate the class you are enrolling according to your child's age:

____ **Preschool: 3 years old** (by August 1): Tuesday-Thursday—**8:00am -11:00am**

____ **Pre-K: 4 years old** (by August 1): Monday-Wednesday-Friday—**8:00am-11:00am**

____ **Full Day Pre-K Head Start: 4 years old** (by August 1): Monday-Wednesday-Friday— **8:00- 2:30pm**

I would like my child to continue at Zion Lutheran School after preschool: __Yes __No __Unsure

Please list the public school district in which your child resides (North Adams, Adams Central, etc.)

How did you hear about Zion Lutheran Preschool? _____

PARENT INFORMATION

Parents Living With Child:

FATHER WORKPLACE WORK PHONE CELL PHONE

MOTHER WORKPLACE WORK PHONE CELL PHONE

E-MAIL: HOME WORK

Parents Not Living With Child:

NAME ADDRESS CITY STATE ZIP HOME PHONE

WORKPLACE WORK PHONE CELL PHONE

Please clearly list any restrictions to the non-custodial parent's rights on a separate sheet.

SIBLING INFORMATION

NAME BIRTHDATE CURRENT SCHOOL CURRENT GRADE

NAME BIRTHDATE CURRENT SCHOOL CURRENT GRADE

PERSONS AUTHORIZED TO PICK UP MY CHILD

NAME RELATIONSHIP HOME PHONE CELL PHONE

NAME RELATIONSHIP HOME PHONE CELL PHONE

Latchkey is available starting at 2:45pm-6:00 pm:

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RELIGIOUS AFFILIATION

Child's Baptismal Information:

- My child has not been baptized.
 We currently have no church home.

DATE	CHURCH NAME	CITY	STATE
FATHER'S CHURCH MEMBERSHIP	MOTHER'S (If Different)	CHURCH CHILD REGULARLY ATTENDS (If Different)	

Zion Lutheran School admits students of any race, color, national or ethnic origin to all of the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarships and any other school administered programs.

Admission to Zion Lutheran School is a privilege. It is a privilege granted to those students who manifest a desire to live and work as Christ-centered, Bible-believing Christians. The school reserves the right to dismiss any student who, in the opinion of the administration and Board of Education of Zion Lutheran Church, is not assimilated into the spirit of the school, whether or not that student has kept all the rules and regulations of the school.

A PARENTAL PLEDGE

Recognizing the value of a Christian education, as a member of the ZION LUTHERAN SCHOOL FAMILY, I agree to comply with the following expectations:

1. Because a genuine Christian education is comprehended in proper and regular attendance at Divine Services and Sunday School, I will attend church and Sunday School with my child.
2. Because a child learns from his or her parents over and above the training offered at Zion Lutheran School, I shall strive to set an example of Christian living.
3. Because a vital part of the educational program of Zion Lutheran School is religious instruction, I agree that my child shall take part in all of the religious services of the school as well as its religious instruction periods.

I hereby certify that the above statements are true and pledge to uphold all rules and regulations at Zion Lutheran School and will assure that my child regularly attends Sunday School and Church.

In case of accident or serious illness, contact me first. If the school is unable to reach me, I hereby authorize the school to call my physician or dentist and make necessary arrangements to provide medical care as needed at my expense.

Child's Physician _____ Phone Number _____
Child's Dentist _____ Phone Number _____
Insurance Company _____ Policy Number _____
Known allergies or health concerns _____
List all prescribed medications _____

FIELD TRIPS

I hereby give permission for Zion Lutheran School to take my child on all field trips and with this signed agreement absolve the teacher, Zion Lutheran School and any and all members of its governing boards of any responsibility for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions, and I assume personally and exclusively all responsibility and liability for accident, injury, etc. which may occur to my child during the time of the specific activity. I understand that I will be given details of each field trip before it begins.

If my contact information changes, I will notify the school office immediately.

Signature of Parent/Guardian

Date

OFFICE USE ONLY

Date Application Received _____ Date Deposit Received _____