

# Zion Lutheran School

301 S. River Street, Newberg, OR 97132  
(503) 538-3420 [Zionpreschool@frontier.com](mailto:Zionpreschool@frontier.com)

**REGISTRATION FORM**  
2012-13 School Year

Thank you for choosing Zion Lutheran School! Please return this completed form, along with your check for \$95 for the non-refundable registration fee to our office. Your child must be of age and toilet trained by September 1.

**Please indicate your class preferences for ALL classes in your child's grade level:**

<b>3-Year-Old Classes</b>	<b>4-Year-Old Classes</b>	<b>Kindergarten</b>
___ M/Tu 8:45 to 11:00 am	___ M/Tu/W 9:00 to 11:30 am	___ M-F 8:30 am to 12:00 noon
___ Th/F 8:45 to 11:00 am	(\$145 per month)	(\$295 per month)
___ Th/F 9:00 to 11:15 am	___ M/Tu/Th/F 8:30 to 11:00 am	
(\$95 per month)	___ M/Tu/Th/F 11:45 to 2:00 pm	<b>Pre-Kindergarten</b>
	(\$195 per month)	___ M-F 8:30 to 11:00 am
<b>Friends &amp; Fun Class</b>		(\$222 per month)
___ W 8:45 to 11:00 am		
(\$50 per month)		

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Age on September 1: \_\_\_\_\_ Sex: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Primary Address: \_\_\_\_\_ Mom's Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Dad's Phone: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
*If applicable:*  
Alternate Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_  
Medical information (allergies or any other medical condition we should be aware of): \_\_\_\_\_

**Emergency information: Child's doctor:** \_\_\_\_\_  
**Address and phone:** \_\_\_\_\_  
If child's doctor cannot be reached, do you request associate on call? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
**I give my permission for this child to receive emergency medical care.**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency and if parents cannot be reached, please list whom to call first. Please list local numbers for ready access, and only people with whom your child feels comfortable. Your child's application will not be considered complete without this information.

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

I agree to comply with the regulations of Zion Lutheran School as specified in the School Handbook. I also agree to notify the school two weeks in advance of withdrawal or pay the balance of the monthly tuition due.  
Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (Mother)  
Date: \_\_\_\_\_ Signed: \_\_\_\_\_ (Father)