



ZION LUTHERAN DAYCARE
2024 SUMMER REGISTRATION FORM
Your child must be the appropriate age by August 1, 2024

PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE & IMMUNIZATION RECORDS

(Child's First Name) (Middle) (Last)

_____ Male _____ Female Birthdate _____ When was your child been baptized? _____

_____ Address _____ City _____ Zip code _____

Student lives with: _____

If parents are divorced, custody was granted to: _____ Joint _____ Mother _____ Father

MOM Name _____ DAD Name: _____

MOM Work Phone _____ DAD Work Phone _____

MOM Employer _____ DAD Employer _____

MOM Cell Phone _____ DAD Cell Phone _____

Email Address Mom _____ Email Address Dad _____

MOM Cell Phone Carrier (needed for mass texts, etc. sent out) _____

DAD Cell Phone Carrier (needed for mass texts, etc. sent out) _____

Church Membership _____

Does student have any siblings at ZLS? Yes No If Yes, please list siblings name(s) _____

Did your child attend another school other than ZLS last year? If so, where? _____

Parent Authorizations (Please circle)

1. I authorize the school to release information about my child for further education and/or treatment.
Yes No
2. I authorize the school to use pictures which include my child. Yes No
3. I agree to allow teachers or staff to apply antibiotic ointment to minor cuts and scrapes. Yes No
4. I agree to allow teachers or staff to give my child Ibuprofen if needed. Yes No
5. I give Zion Lutheran School, permission to access the Indiana State Department of Health's
Children and Hoosiers Immunization Registry Program (CHIRP). Yes No

Emergency Information

Does your child have any Allergies? If YES, please List: _____

In case of emergency, we will contact the parents first.

Do you authorize the school to act in case of illness or injury if you cannot be reached. Yes No

If needed, may you or your spouse be contacted at work? Yes No

If we cannot reach the parents, we will then try to contact the following:

Name	Phone	Relationship
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OVER

Name	Phone	Relationship
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OVER

People Authorized to Pickup

Name

Relationship to Child

Phone

Signature of Parent/Guardian _____ Date _____

Mission Statement

Nurturing & educating children to become life-long followers of Jesus

Philosophy Statement

Training a child in the way he should go, and when he is old he will not turn from it

Summer Daycare Enrollment

Summer Daycare Enrollment from May 2024 through August 2024. Circle One Yes No

How many days would your child be in attendance? Circle One 1 2 3 4 5

Day's my child will be in attendance for daycare. Please Circle M T W TH F

Key Fob Request

I will need (circle one) 1 Key Fob 2 Key Fobs Currently have a Key Fob

Adult #1's Name: _____

Adult #2's Name: _____

A \$10.00 deposit will be charged for each key fob. This deposit will be returned to you when your key fob is turned into the school office.

***Registration Fee must be paid for child to have "Enrolled" status.**

Office Use Only

Registration Fee \$ _____

Check number _____

Date Application Received _____

Cash _____