

Zion Child Care Center

A Ministry of Zion Lutheran Church

KINDERGARTEN REGISTRATION FORM

Date _____

Name of Child _____

Child's Age _____ Date of Birth _____ Male/female

Home Address _____

City _____ Zip Code _____ Home Phone () _____

Father's Name _____ Mother's Name _____

Child's Legal Guardian _____

Contact Information

Father's Employer _____

Address _____ Phone # () _____

E-mail Address _____

Mother's Employer _____

Address _____ Phone # () _____

E-mail Address _____

Preferred Contact Number: () _____

Hours

Monday-Friday

7:00 a.m. to 3:00 p.m.

Programs/Rates

Kindergarten: [7am-3pm].....\$500 Per Month

Instruction Starts at 8am

After School Care: [3pm-5:30pm].....\$100 Per Month

Registration Fee: \$100 per child

***When a position is open, the non-refundable registration fee of \$ _____ is required and
confirms your child's enrollment.***

Please circle your desired Program:

Kindergarten Kindergarten + After School Care

Zion Child Care Center * 105 S. Ham Lane * Lodi, Ca 95242 * (209) 369-1910