

# Zion Evangelical Lutheran Church and School

4206 West Elm Street • McHenry, IL 60050

(815) 385-4488 • school@zionmchenry.org

www.zionmchenry.org



## APPLICATION FOR ENROLLMENT

Appreciating the educational advantages offered by a Christian School, we hereby request that our child be enrolled as a student at Zion Lutheran School.

**INSTRUCTIONS:** All requests need to be filled out completely. This application with the registration fee needs to be returned as soon as possible to ensure your child's enrollment. ***Please note, the registration fee is non-refundable.***

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Class Requested:

#### 3 Year Old Options:

\_\_\_\_\_ Full Day Early Pre-K  
M – F, 9am – 3pm

#### 4 Year Old Options:

\_\_\_\_\_ Full Day Pre-K  
M – F, 9am – 3pm

#### K – 5th Grade:

M – F, 9am – 3pm

\_\_\_\_\_ Kindergarten

\_\_\_\_\_ 1<sup>st</sup> Grade

\_\_\_\_\_ 2<sup>nd</sup> Grade

\_\_\_\_\_ 3<sup>rd</sup> Grade

\_\_\_\_\_ 4<sup>th</sup> Grade

\_\_\_\_\_ 5<sup>th</sup> Grade

#### **Father's Information:**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **Mother's Information:**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please complete both sides**



Are both parents living at home with this child? \_\_\_\_\_ If no, please give reason: \_\_\_\_\_

If no, who has legal custody of this child? \_\_\_\_\_

Church Member at: \_\_\_\_\_

Baptized: Yes/No Year: \_\_\_\_\_

**Name of person to call if parents cannot be reached:**

\_\_\_\_\_  
Name/Relationship Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Name/Relationship Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please list any **ALLERGIES** and or **HEALTH / ACCESSIBILITY NEEDS:**

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Referred by: \_\_\_\_\_  
(Current Zion families will receive a \$100 tuition credit for referring new students)

Parent / Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_