



Zion Lutheran Church & School 2019-2020 Registration Packet

16161 Marsh Rd.
Winter Garden FL, 34787
Office@ZionWG.org
Director@ZionWG.org
407-656-5751

Required paperwork for Registration please bring in person to the front office.

(Please make sure to have each of the following items to register, failure to do so **WILL keep you from securing a spot of your child**):

- Zion Lutheran Church & School Application for Enrollment
- Food Activities Permission Form
- Permission to use Photographs
- Influenza Virus Information form
- Registration Fee **cash or check only-non refundable/non transferable**
(VPK **Does Not** have a reg. fee)
- **VPK ONLY** State of Florida VPK Certificate of Eligibility-go to the following link to register and obtain certificate (not included in packet!)

http://www.floridaearlylearning.com/vpk/how__to_apply_for_vpk.aspx

Additional Paperwork needed by the first day of school.

- Florida Certification of Immunization (From Doctor)
- State of FL School Entry Health Form (From Doctor)



Zion Lutheran Church & School

2019-2020 School Fee Schedule

		Monthly	School Year
Wee School 1 Year Old	2 day (T/Th)	\$190	\$1900
	3 day (M/W/F)	\$265	\$2650
	5 day (M-F)	\$380	\$3800
Wee School 2 Year Old	2 day (T/Th)	\$210	\$2100
	3 day (M/W/F)	\$285	\$2850
	5 day (M-F)	\$385	\$3850
PreK 3	2 day (T/Th)	\$240	\$2400
	3 day (M/W/F)	\$350	\$3,500
PreK 3/PreK 4	5 day (M-F)	\$395	\$3950
Extended Care	1 and 2 year olds	\$18.00 per day 12pm-2:30 pm	
	Pre-K3, VPK	\$5.50 per hour	
Registration Fees (non-refundable and non-transferable)	1 & 2 year olds	\$100 (Includes school shirt)	
	Pre-K3	\$165 (includes school shirt)	
	VPK	No Registration fee. Shirts may be purchased for \$8.	Only Extended Care Fees Apply
5% Discount if Tuition for year is paid in full by Aug. 15			
Questions: Please contact the front office at 407-656-5751 or Office@ZionWG.org			



Zion Lutheran Church & School
16161 Marsh Road
Winter Garden, FL 34787
Application for Enrollment
2019-2020

Cash _____ CK# _____ Reg. Date pd. _____

Full (legal name of child) _____

_____ 1 yr old (__ days)

Nickname: _____ Date of Birth: _____

_____ 2 yr old (__ days)

_____ 3 yr old (__ days)

Sex: _____ Phone: _____

_____ VPK 5 days

_____ 4 yr old private pay

Child's Address: _____

_____ Extended AM Care

_____ Extended PM Care

City: _____ State: _____ Zip: _____

Anticipated August Shirt Size 2T, 3T,
4T, 5/6, Youth xs, Youth small
Shirts included with Reg Fee

Family Information (if same as child write SAME)

Mother's Information:

Father's Information:

Name: _____ Name: _____

Address : _____ Address: _____

Phone #'s: _____ Phone #'s: _____

Employer: _____ Employer: _____

Custody Mother _____ Father _____ Both _____ Other _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____

Allergies, special medical or dietary needs, or other areas of concerns: _____

Church Now attending: _____

Church Denomination: Father _____ Mother _____

Siblings Names and Ages: _____

Any information you would like to share with your child's teachers: _____

Others living at home with child: _____

Child Baptized ____ Date: _____ Location: _____

How did you hear about Zion Lutheran Church and School? _____

Emergency Contacts: Child will be released only to the custodial parents or guardians and the following people. If a parent or guardian cannot be reached in case of illness or emergency the following people may also be contacted.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Registration and Tuition Agreement

I hereby make application for the admission of my child at Zion Lutheran Church & School. I understand that the Registration fee is to accompany this application and is non-refundable and non-transferable. I further understand that I must give 2 weeks' notice to terminate my child's enrollment or pay for those 2 weeks. Tuition fees are due on the 15th day of the month (Aug-May) and a late fee may be assessed for delinquent tuition or extended care payments. The registration, school tuition, and extended care fees cover only the preschool year and does not include the Summer Camp programs.

Section 7.1 and 7.2, of the Child Care Facility Handbook, Require a current physical examination (Form 3040 and immunization record(Form 680 or 681) within 30 days of enrollment.

Section 7.3, of the Childcare Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, " Know your child Care Facility: (CF/PI 175-24), or

Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility.

Your signature below indicates that you understand and have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's record.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____



Zion Lutheran Church & School Food Activities Permission Form

DCF requires that we have written permission in your child's student file for them to participate in school activities that contain food products. In order for your child to participate, we must have this form signed and on file.

In our preschool environment, we learn through play. At times, we learn through food crafting, experimenting with food products, and celebrate holidays and special occasions with food. In order for your child to participate in these classroom learning activities, we must have your permission. Please choose **one** of the options below.

I _____ **give** permission for _____
(parent/guardian) (student)

To participate in classroom projects and celebrations that use food products and where food products will be consumed. My child's allergies, etc. have been made known in writing to Zion New Life Preschool and my child's teacher is aware of what my child can and cannot consume.

I _____ **DO NOT** give permission for _____
(parent/guardian) (student)

to participate in classroom projects and celebrations that use food products and where food products can be consumed.

Signature

Date

PERMISSION TO USE PHOTOGRAPHS



Child's Name: _____

Date of Birth: _____

Zion Lutheran Church & School photographs or videotapes children in various programs. These photos are generally used for in-school displays and family newsletters. At times we would like to use them for church publicity such as displays for exhibits, brochures, newsletters, local news publications, website, etc.

Please indicate your permission for Zion Lutheran Church & School to photograph or video your child by initialing below on the appropriate lines.

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos for in-school displays and programs.

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos for School advertisements (brochures, flyers, magazine ads, etc.).

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos on their website.

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos for social media.

OR:

_____ I **DO NOT** give Zion Lutheran Church & School permission to photograph or video my child.

I understand that I may revoke permission to use photographs/video at any time by contacting Zion Lutheran Church & school at 407-656-5751 or office@zionnewlife.com.

Parent/Legal Guardian: _____

Date: _____