

# ZION MENNONITE NURSERY SCHOOL APPLICATION

2012– 2013 School Year

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_  
(First / Last)  
Address: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Email Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

Brothers and sisters and their birth dates:

Has your child had any previous group experiences, such as Nursery School or Sunday School, and if so, what kind?

Is either parent a member of Zion Mennonite Church? **Yes** **No**

**Please Note: Children must be potty-trained before beginning school!**

**Class preferred:** \_\_\_\_\_ 3 Year Old Class - Tuesday & Thursday, 9:00-11:30 a.m.  
\_\_\_\_\_ 4 Year Old Class - Monday, Wednesday & Friday, 9:00-11:30a.m.  
\_\_\_\_\_ 4 Year Old Class - Monday, Wednesday & Friday, 12:30-3:00 p.m.

## **MONTHLY TUITION RATES**

**TUITION:** 3 year old (2 days) \$105.00 per month, payable monthly  
4 year old (3 days) \$125.00 per month, payable monthly

## Medical & Emergency Information

**Name of Child's Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Name of Child's Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

In case of emergency, who can we contact if a parent is not available?

Neighbor \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Does your child have any allergies? Is so, what type? \_\_\_\_\_

Are there any chronic ailments, emotional problems, past or present medical conditions or any long periods of hospitalization the child has had that we should know about?

Any other special problems, either physical or emotional, that will help the teacher in understanding the child? List any additional information needed, below.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date

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**Please complete this form and return it with the \$30.00 non-refundable registration fee to:**

Zion Mennonite Nursery School  
Attn: Erin Constanzer  
149 Cherry Lane  
Souderton, PA 18964