



Zion Early Childhood Education Center
220 W. Henry St.
Staunton, IL 62088
618-635-2446

"Preparing Today's Young Learners to be Tomorrow's Christian Leaders"

2026-2027 Zion School Year
Preschool Student Registration Form

Preschooler's Name: _____
(Last) (First) (MI)

Birthdate: _____ Male Female Home Phone # _____
(Circle one)

Racial Designation: ____ Hispanic or Latino ____ American Indian or Alaska Native ____ Asian/Black or African American
____ Native Hawaiian or Other Pacific Islander ____ White ____ Two or More Races

Father's Name: _____ Cell Phone # _____

Address: _____
(Street) (City) (Zip)

Mother's Name: _____ Cell Phone # _____

Address: (If different) _____
(Street) (City) (Zip)

E-mail address: _____ (for parent correspondence during school year)

Other Children in Family	School Attending	Grade
_____	_____	_____
_____	_____	_____

Father's Church Affiliation _____
(Name) (Address)

Mother's Church Affiliation _____
(Name) (Address)

Desired Preschool session: Please ☐ desired time/days

4 YEAR OLD (Must be 4 years old on or before 9/1/26)

_____ 8:00- 11:20 a.m. Monday thru Friday

3 YEAR OLD (Must be 3 years old on or before 9/1/26)

_____ 12:30 - 3:10 p.m. Tues/Thurs.

Registration Cost: (non-refundable)

	\$80.00 for 3 year old program	\$80.00 for 4 year old program
Tuition Cost:	\$1050.00 for 3 year old program	\$1750.00 for 4 year old program - 5 days
	(\$105.00 a month for 10 months)	(\$175.00 a month for 10 months)

Tuition fees are to be paid monthly. Payments are due the last day of every month. Payment may be given to your child's teacher or the school office. Please return this form with your check for the registration fee to enroll your child. Make checks payable to Zion Lutheran School.

All children entering preschool are required by Illinois State law to have on file a copy of birth certificate, current health physical form and proof of immunizations. Blank forms are available in the school office.

FOR SCHOOL USE ONLY:

Date application returned _____ Registration Amount Paid _____
Preschool session enrolled in _____

Check No. _____ Date of Check _____
Full Time Day Care/Preschool Program _____ Yes _____ No _____ Part-Time Daycare _____ Yes _____ No _____