



Zion Lutheran School

5950 179 Street Surrey, B.C V3S 4J9
 Phone: 604-576-6313 Fax: 604-576-1399

E-Mail: school@zionlutheran.org

Website : www.zionlutheran.org

2010/2011 PRE-KINDERGARTEN REGISTRATION FORM

STUDENT INFORMATION

Legal Last Name:	First Name and Middle Name:	Starting Date (m/d/y):
Preferred Last Name (if different from above):	First Name and Middle Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Telephone:	Birth Date (m/d/y):	Citizenship: Canadian <input type="checkbox"/> Other <input type="checkbox"/>

PARENT INFORMATION

Mother's First Name:		Mother's Last Name:	
Mother's Telephone: Home:	Work:	Cell:	E-Mail Address:
Father's First Name:		Father's Last Name:	
Father's Telephone: Home:	Work:	Cell:	E-Mail Address:
Street or Municipal Address (Mother):			
City:		Postal Code:	
Street or Municipal Address (Father) (If different from above):			
City:		Postal Code:	
Student Lives With: Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (If applicable, a copy of legal documents must accompany this application.)			

GUARDIAN INFORMATION

Guardian's First Name:		Guardian's Last Name:	
Guardian's Telephone: Home:	Work:	Cell:	E-Mail Address:
Street or Municipal Address:			
City:		Postal Code:	

EMERGENCY CONTACTS (In case of emergency or school closure, please provide names and phone numbers of contacts if school personnel cannot contact you.)

Name	Phone Number	Relationship to Student

CLASS PREFERENCE

Please check preference for class: 2 Day AM (Mon. & Wed.) 8:40 am – 11:00 am
 3 Day AM (Tues., Thurs., & Fri.) 8:40 am – 11:00 am
 3 Day PM (Tues., Thurs., & Fri.) 12:10 pm – 2:30 pm

MEDICAL INFORMATION

Please provide a photocopy of your child's Immunization record and a copy of your child's Care Card.

Family Doctor: _____ Phone Number: _____

B.C. Care Card Number: _____

Are there any medications that your child may need to be administered during the school day?

YES NO If applicable, please complete the "Permission to Administer Medication" Form.

List special health conditions/allergies/physical limitations/special medications/symptoms/treatment:

If potentially life threatening health condition exists, please complete the "Medical Alert Planning" Form.

PERSON AUTHORIZED TO PICK UP STUDENT

Name	Phone Number	Relationship to Student

IMMUNIZATION HISTORY

	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Diphtheria/Pertussis/Tetanus							
Poliomyelitis							
HIB (Meningitis)							
Measles/Mumps/Rubella							

Please indicate where original records can be found:

Special Diet (please explain):

Special Instructions or comments for the caregiver:

PERMISSIONS

I give permission for:

- | | | |
|--|------------------------------|-----------------------------|
| <ul style="list-style-type: none"> ▪ My child to go on walking trips around the school and to local facilities (within 2 km). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ My home phone number to be distributed to classroom parents for the emergency phone list. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ My child's photo to be taken to be used for yearbook, newsletters, website or other promotional materials of ZLS. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ I authorize the staff at Zion Lutheran School to call an ambulance in the case of accident or illness of my child, if I cannot be reached immediately. If deemed necessary, I authorize a staff person of Zion Lutheran School to transport my child to the hospital and give consent for my child to receive medical treatment. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Signature of Parent/Guardian _____ Date _____

Signature of Manager of the Facility _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____

Students must be four years old by December 31, 2010. Age Requirement

Immunization Card Copy of Birth Certificate Care Card