

ALL ABOUT KIDS PRE-SCHOOL AT HARROLD ZION  
Mrs. Lisa Zundel / Director                      Mrs. Jen Vecchiola /Assistant Director  
412-554-4736

Classes available:

**3/4 2 YEARS OF PRE-SCHOOL BEFORE  
KINDERGARTEN**

**\_\_\_ TUESDAY/THURSDAY 9:30-11:30** (\$140per month ) Your application and \$100 fee holds your child's spot.

**(PRE-K)**

**\_\_\_ MONDAY, WEDNESDAY, FRIDAY 9:00-12:00**(\$180 per month) Your application and \$100 fee holds your child's spot.

Child's Full Name( First, Middle, Last) : \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Birthday: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Lives with child yes/no                      Lives with child yes/no

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

In case of emergency call: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List all persons that are allowed to pick your child up from school: \_\_\_\_\_

Name/ages of siblings at home: \_\_\_\_\_

List any allergies or medical conditions: \_\_\_\_\_

Has your child been to school before? Yes/No If so where? \_\_\_\_\_

\_\_\_ Yes, my child has received all age appropriate shots.

I agree to have the above information on an emergency phone chain or class directory. Home Phone Number Yes/ No                      Address Yes/No

I will agree to absolve the church and the teacher/helpers of all financial responsibility in the case of injury or illness of my child.

Parents' signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Yes, I am enclosing my NON-REFUNDABLE fee of \$100 made payable to ALL ABOUT KIDS (\$55 towards September tuition and \$45 supply fee.)

\_\_\_ Yes, I allow my child to be photographed for the pre-school DVD, Harrold Zion Lutheran Church website and pre-school projects.