

# 2024 *Jump Into Summer* ENROLLMENT APPLICATION

Zion Lutheran Church Early Childhood Education Center

May 27 to June 7, 2024

**Ages 2 1/2 thru 6**

Child's Full Name	Name child goes by	Gender	Birth Date
		M/F	

Please Check Your Child's June 1, 2024 Age: ☐ 2 1/2 yrs ☐ 3 yrs ☐ 4 yrs ☐ 5 yrs ☐ 6 yrs

(Our summer programs provide both mixed-age and age-appropriate activities)

## Please Check Desired Programs

Date	Day of Week	Theme of the Day	Early Risers 2 ½ to 6-yr-olds 8:00 – 8:45	AM Program 2 ½ to 6-yr-olds 8:45 – 11:15	Lunch 2 ½ to 6-yr-olds 11:15 – 12:00	Lunch + PM Program 3 to 6-yr-olds 11:15 – 1:30	PM Program w/o Lunch 3 to 6-yr-olds 12:00 – 1:30	After School 3 to 6-yr-olds 1:30 – 4:30
May 28	Tue	Turtle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 29	Wed	Rainbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 30	Thu	Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 31	Fri	Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 3	Mon	Ladybug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 4	Tue	Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 5	Wed	Garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 6	Thu	Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
June 7	Fri	Beach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No. of Boxes Checked:

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Multiply by Daily Fee:

x \$11.00

x \$37.00

x \$20.00

x \$42.00

x \$27.00

x \$42.00

Program Totals:

	+		+		+		+	
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Full Day Program 8:00-4:30

\$132.00 per day

Total Fee Is Sum of Program Totals:

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*Two days per week minimum. For a family with multiple children enrolled, the sibling with the highest program fees receives a 10% discount. Members of Zion Lutheran Church receive a 10% family discount.*

*Program Fees are due at registration. Refunds are available with 2-weeks' notice.*

Parent Signature	Date

☐ Registration ☐ Class list ☐ Allergy ☐ Kitchen ☐ Payment

Parent's Name(s)
Address
City, Zip Code
Home Phone ( )
E-mail address

Mother	Father
Occupation	Occupation
Business Address	Business Address
Work Hours	Work Hours
Work Phone	Work Phone
Cell Phone	Cell Phone
Marital Status	Marital Status
Church Affiliation	Church Affiliation

Brothers and/or Sisters	Birthday	In home with child? yes/no

**EMERGENCY CONTACTS—** *(Persons authorized to pick up your child.)*

Name	Name
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Relationship	Relationship

Name	Name
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Relationship	Relationship

**Additional emergency contacts authorized to pick up your child:**  
*(Name, Address, and Phone Number required.)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

<b>Doctor's Name</b>	<b>Dentist's Name</b>
Address	Address
Phone	Phone
<b>Child's Allergies:</b>	
<b>My child is current with all State of Illinois vaccines.</b> Yes <input type="radio"/> or No <input type="radio"/>	

**Medical Release:** I agree that Zion staff may administer limited first aid to my child and may contact me, my child's doctor or local emergency services, if required.

I authorize Zion Lutheran Early Childhood Education Center to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital \_\_\_\_\_ if possible, or to the closest available facility.

**Program Release:** I understand that my child may be included in observation in a classroom setting and/or interaction with Concordia University students under the supervision of the Director of Early Childhood Education Center (ECEC). Information released to Concordia University is for educational and instructional purposes only.

I agree that photographs and videotapes of my child may be used for publicity of the Zion Lutheran Early Childhood Education Center and/or for teacher training purposes.

I also agree that my child may receive religious instruction at Zion Lutheran's Early Childhood Education Center.

I agree that my child may be taken on neighborhood walks in conjunction with the educational programs of the ECEC. I understand that special notes will be sent home when off-campus trips are planned to notify parent or legal guardian of planned field trips in advance.

**COVID:** Zion Lutheran ECEC will abide by recommendations from the IL Department of Public Health, CDC and DCFS and other knowledgeable government agencies. Whatever the circumstances, we remain committed to providing a safe, loving Christian environment and a quality early childhood education. Children, parents and staff who have a fever of 100.4 or higher or other signs of illness will should stay home. Parents must be on alert for signs of illness in their child and keep them home when they are sick. If the child does not have a temperature, but they appear sick (cough, runny nose, etc.) the ECEC has the right to deny the child's attendance for that day.

**I pledge our support of the early childhood education program ministry provided by Zion Lutheran. I also accept our financial responsibility and pledge to pay the fees and tuition set by Zion Lutheran. I have read the foregoing Medical and Program Release statements and accept them as written.**

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**Signature of Parent/Guardian**

**Date**

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**For School Use Only**