ZION CHRISTIAN PRESCHOOL & KINDERGARTEN

INFANT REGISTRATION PACKET 2026-2027

REGISTRATION CHECKLIST

CHILD NAME:_____ One application per child

NEW ENROLLEE: COMPLETE ALL FORMS AND INCLUDE COPY OF BIRTH CERTIFICATE, UPDATED IMMUNIZATION RECORD.

RETURNING CHILD: COMPLETE ALL ASTERISKED FORMS.

- ➢ Application

***Returning students please complete only the forms with asterisks. ***

- ❑ General Parent/Child Information ***
- ❑ Identification & Emergency Information LIC 700 ***
- ❑ Medical Consent Form LIC 627***
- ❑ Parent's Rights LIC 995
- ❑ Personal Rights LIC 613A
- ❑ Physician's Report LIC 701 (Due at time of enrollment)
- ❑ Child's Health History- Parents Report LIC 702
- ❑ Individual Infant Sleeping Plan LIC 9227
- ❑ Individualized Feeding Plan
- ❑ Class Schedule Form ***
- ❑ Photo Consent Form ***

- ❑ PARENT/GUARDIAN FINANCIAL CONTRACT (2026-2027) ***
- ❑ QUALIFICATION OF DISCOUNT
- ❑ COPY OF UPDATED IMMUNIZATION RECORDS ***
- ❑ COPY OF BIRTH CERTIFICATION
- ❑ IFSP DOCUMENTS OR CUSTODY DOCUMENTS (IF APPLICABLE)
- ❑ ANNUAL REGISTRATION FEE $150 -due at time of registration ***
- ❑ ANNUAL SUPPLY FEE: Infant Program - $150 -due at time of registration ***

Checks are made payable to "ZION"

FORMS MAY BE RETURNED TO THE OFFICE OR EMAIL DIRECTLY TO ZIONSCHOOL@ZLCS.ORG .

ZION CHRISTIAN PRESCHOOL & KINDERGARTEN CANNOT HOLD OR GUARANTEE A CLASS SPOT FOR YOUR INFANT UNTIL THE REGISTRATION PACKET IS COMPLETE AND THE REGISTRATION & SUPPLY FEE ARE PAID.
The registration fee is non-refundable.

***RETURNING STUDENT: FINANCIAL ACCOUNTS MUST NOT HAVE AN OVERDUE BALANCE**

BE SURE ALL SIGNATURES AND INITIALS ARE FILLED OUT.

Office use only:
Date turned in: _____ Room:_____ Discount: _____ Payment Made at Registration:_____

Sibling: _____ Scheduled Days: _____ Start Date:_____ Waitlist: _____ Application Complete: ⬜

GENERAL PARENT/CHILD INFORMATION

Last Name:_____ First Name:_____ M.I.:_____ Nickname:_____

Date of Birth:_____ SEX: Male / Female Age on Sept 1st, 2026: _____

Allergies or Special Considerations:

Are there any areas regarding your child's health, special needs, or other items that need consideration? (If so, please explain)

_____

	FATHER ❑ LIVES IN THE HOME	MOTHER ❑ LIVES IN THE HOME	OTHER GUARDIAN ❑ LIVES IN THE HOME
First & Last Name			
Date of Birth			
SSN of Financially Responsible Party			
Main Phone Number			
Mailing Address			
Email Address			
Employer			
Occupation			
Work Phone			

Returning Families: Has the information below changed in the past year? YES ⬜ NO ⬜ ****Does your child have an IFSP (Individualized Family Service Plan)? ⬜ Yes ⬜No**

****IFSP must be reviewed by the Director prior to enrollment, to determine whether Zion is able to meet the needs of the students.**

Please notify the Preschool Director immediately if there are any court orders restricting non- custodial parents or others from contact.

❑ **Yes, there are court orders/documentation regarding custody (please attach)**
(Please provide copies of updated custody documentation)

Nondiscrimination Statement: Zion Christian Preschool & Kindergarten does not discriminate on the basis of race, color, national origin, or ethnicity in the administration of its policies or any program.

Admission Policy:

- Children registering for our infant program must be 6 months of age to enroll.
- Admission for all infants is probationary for the first eight weeks of school to give the Director and Teacher time to determine that the program is a good fit for the child and that we are able to meet the student's needs.

Children With Special Needs:

If it is suspected that a child may have special needs after they begin our program, the parents must cooperate with the school in obtaining the necessary assessments through the child's pediatrician to determine if the preschool is able to meet the needs of the child. Zion is not equipped to serve as a school for children having needs that would best be met in a special education setting.

PHOTO CONSENT FORM

STUDENT NAME: _____

Infants at Zion Christian Preschool & Kindergarten may have their picture or artwork recorded in Preschool-related publications and media, including Zion Christian's public website, social media sites, and/or outside newspaper/ magazine publications.

This parental consent form serves to both inform you and to request permission for your child's photo/image to be published online, including Brightwheel, our public website, and social media sites used for Zion Christian publicity purposes.

Students' names will never be published on any media site*

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the director, and such rescission will take effect upon receipt.

Please check one of the following choices:

- ❑ Yes, I give permission
- ❑ No, I do not give permission; this includes not allowing pictures on Brightwheel.

I hereby release and discharge Zion Christian Preschool & Kindergarten from any and all claims arising out of use of the photos.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CLASS SCHEDULE FORM

Student Name: _____ **Child's Age on Sept 1st: _____**

Infant Classroom Option:

I give Zion Christian Preschool & Kindergarten permission to enroll my child, _____, in the infant classroom option.

Parent Signature _____

Classroom Placement Policy:

- *Children 6 months to 17 months may enroll at any point of the year in our infant class with written parent/ guardian permission if there is an opening.*

Which days will your child attend school? (Please select one)

M-F (5 days) M/W/F (3 days) T/TH (2 days)

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Drop off:	_____	_____	_____	_____	_____
Pick up :	_____	_____	_____	_____	_____

Fixed Schedule Policy

Infant enrollment is based on a fixed weekly schedule. Families enrolled in 2-day or 3-day programs must maintain consistent attendance days each week. Enrollment days may not be rotated, exchanged, or made up due to absence.

At this time, Zion's infant program offers full-day enrollment only. Half- day infant enrollment is not available.

Due to limited infant space availability, priority enrollment may be given to full-time schedules.

Parent/Guardian Contract 2026-2027

Parent/Guardian First & Last Name: _____

Child's Name: _____ **Birthdate: _____**

Please Initial/sign where indicated:

_____ INITIAL

Registration Fee:
Registration Fee is due at the time of enrollment as follows: $150 (First Child), $125 (Second Child), $100 (Third Child), $75 (Fourth Child). This fee is non-refundable and holds your child's place on the class roster until the child's first day of school.

_____ INITIAL

Supply Fee:
The supply fee of $150 is due at the time of enrollment for the Infant program.

_____ INITIAL

Tuition Holds the Spot:
I understand that infant tuition reserves a limited enrollment space within the classroom and supports staffing ratios required for high-quality care. Tuition is due regardless of attendance.

_____ INITIAL

Payment Due Dates:
I understand that infant tuition is billed weekly through Brightwheel. Weekly invoices will be posted each Wednesday for the upcoming week of care. Payment is due by Friday, with a grace period through Monday evening.

_____ INITIAL

Late Fees:
A late fee of $40 per child will be assessed beginning Tuesday morning if payment has not been received in full. If tuition and any applicable late fees remain unpaid for more than two (2) weeks, childcare services may be suspended or terminated until the account is brought current.

_____ INITIAL

Vacation Policy:
Families enrolled in the infant program on a full-time schedule may receive up to two (2) weeks of vacation credit per calendar year without tuition charges. A minimum of two (2) weeks' written notice must be provided through Brightwheel in order to receive the vacation credit. Vacation days may not be applied retroactively and may not be carried over into the following year. Vacation credit is intended for scheduled family absences only and may not be used in place of illness days or to reduce regularly scheduled attendance. Enrollment space will continue to be reserved for the child during the approved vacation period.

_____ INITIAL

Full Day Definition:
Full-Day infant care is available between the hours of 7:00 am and 5:00 pm. Families may choose arrival and pickup times within those hours based on their needs.

_____ INITIAL

Holidays & School Closure
Please refer to the Instructional Calendar for holidays. Tuition fees still apply when a holiday falls on your enrollment day.

_____ INITIAL

Late pick-up charges (after 5:00 pm closing time):

1 - 15 minutes	$30
16 - 30 minutes	$60
31 - 60 minutes	$90

_____ INITIAL

Fixed Schedule Policy

Infant enrollment is based on a fixed weekly schedule. Families enrolled in a 2-day or 3-day program must maintain consistent attendance days each week. Enrollment days may not be rotated, traded, exchanged, or made up due to absence.

_____ INITIAL

Schedule Change Policy

Requests to change enrollment schedules must be submitted in writing and are subject to classroom availability and staffing capacity.

_____ INITIAL

Admission- Children with Special Needs

If it is suspected that a child may have special needs after they begin our program, the parents must cooperate with the child's pediatrician in obtaining the necessary assessments to determine if the school is able to meet the needs of the child. I understand Zion is not equipped to serve as a school for children having needs that would best be met in a special education setting.

_____ INITIAL

Drop-In Care Policy

Drop-in care may be available on a limited basis for currently enrolled families only, subject to classroom capacity, staffing ratios, and licensing requirements. Drop-in care is not guaranteed and must be pre-approved by administration. Drop in care is billed at the rate of $25 per hour, and is available solely to currently enrolled families as space allows.

_____ INITIAL

No Make-Up Days

Tuition reserves your child's enrollment space rather than paying for attendance only. No credits, refunds, swaps, or make up days are provided for absences, illness, holidays, or temporary closures beyond those required by law.

_____ INITIAL

Withdrawal Policy:

Without exception, two weeks written notice must be given when a child is withdrawn. Tuition charges for the current month will not be refunded.

_____ INITIAL

Modification of Agreement:

Zion Christian Preschool & Kindergarten reserves the right to modify tuition rates, fees, policies, procedures, or program offerings.

Parents/guardians will receive written notice at least thirty (30) calendar days prior to the effective date of any increase in tuition or fees or any material change to this Admission Agreement.

_____ INITIAL

Community Care Licensing Agency Rights:

Zion Christian Preschool & Kindergarten is licensed by the California Department of Social Services, Community Care Licensing Division. Authorized representatives of the Department have the authority to interview children or staff and to inspect and audit child or facility records as permitted by law. The Department also has the authority to investigate complaints regarding the facility and monitor compliance with applicable licensing regulations.

The parent(s), legal guardian(s), or other individual(s) identified below as the Payor are responsible for all tuition, fees, and other charges incurred on behalf of the child enrolled at Zion Christian Preschool & Kindergarten.

Payor Name(s): _____ Relationship to Child: _____

The Payor agrees to pay all tuition and fees according to the terms of this Admission Agreement.

I have read and understand the 2026-2027 contract, and understand that I am responsible for the tuition and daycare fees billed for my child(ren). I will abide by all terms and provisions contained in this contract.

I understand that this agreement will be terminated upon withdrawal or dismissal of my child(ren) from the school and that I will still be responsible for any incurred tuition and fees due on or before the date of withdrawal. I certify that the information on this application is accurate and complete.

I will comply with the rules of the Preschool/Kindergarten and encourage my children to do the same. I understand the standards of Zion Christian Preschool & Kindergarten where profanity, obscenity in word or action, dishonoring of God or the Word of God, and disrespect to personnel, students, or property are not tolerated.

If my child is not able to comply with the Preschool and Kindergarten standards after a reasonable effort has been made, I agree to withdraw my child from the Preschool or Kindergarten.

_____ _____
Parent/ Guardian Signature (Payor) **Date**

_____ _____
Parent/ Guardian Signature **Date**

_____ _____
Director/Facility Representative **Date**

REGISTRATION FEES:
CHILD #1: $150 CHILD #2: $125 CHILD #3: $100 CHILD #4: $75 CHILD #5: $50

INFANT/PRESCHOOL SUPPLY FEE: $150

Please check mark the rate that corresponds to the child listed above:

TUITION:

_____ Infant - 2 days (Tu/Th) $250 Weekly

_____ Infant - 3 days (M/W/F) $315 Weekly

_____ Infant - 5 days $425 Weekly

TUITION DISCOUNTS: (Please provide proof of discount with this registration packet)

_____ 10% Sibling _____ 15% Military/Veteran _____ 15% Firefighters & Police Officer

Tuition Discounts:

10% Siblings Discount - (This applies to the Learning Center and the Preschool & Kindergarten)
15% Veteran/Active Military Discount - Provide proof of Military ID or honorable discharge certificate
15% Firefighters & Police Officer Discount - Provide appropriate ID or proof of employment

Contact the front office if a Financial Payment Plan is needed for Registration fees.