

**ZION CHRISTIAN LEARNING CENTER
REGISTRATION PACKET 2026-2027**



REGISTRATION CHECKLIST

CHILD NAME: _____ **One application per child**

➤ **Application**

*****Returning child, please complete only the forms with asterisks.*****

- General Parent/Child Information ***
- Learning Center Questionnaire***
- Medical Consent Form LIC 627
- Identification & Emergency Information LIC 700 ***

(Returning Students: Only fill out this form if you need to update your info. or if there have been any changes in the past year)

- Photo Consent Form
- Parent Consent for Non-Prescription Medication ***

- FINANCIAL CONTRACT (2026-2027) ***
- PROOF OF DISCOUNT **(only for those who qualify for a discount)**
- COPY OF UPDATED IMMUNIZATION RECORDS (Only required if child is not enrolled in public or charter school)
- IEP DOCUMENTS OR CUSTODY DOCUMENTS (IF APPLICABLE) ***
- LEARNING CENTER REGISTRATION FEE \$150 – due at registration *** (See Fee Schedule on the last page)
The supply list will be announced in August 2026

Checks are made payable to “ZION”

NEW PARTICIPANT: COMPLETE ALL FORMS

RETURNING PARTICIPANT: COMPLETE ALL ASTERISKED FORMS

BE SURE ALL SIGNATURE LINES AND INITIALS ARE FILLED OUT.

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

ZION CHRISTIAN LEARNING CENTER CANNOT HOLD OR GUARANTEE A CLASS SPOT FOR YOUR CHILD UNTIL THE REGISTRATION PACKET IS COMPLETE AND THE REGISTRATION FEE HAS BEEN RECEIVED.

THANK YOU FOR APPLYING TO ZION CHRISTIAN LEARNING CENTER YEAR 2026-2027!

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 Year 2026-2027 Grade: _____

	FATHER <input type="checkbox"/> LIVES IN THE HOME	MOTHER <input type="checkbox"/> LIVES IN THE HOME	OTHER GUARDIAN <input type="checkbox"/> LIVES IN THE HOME
Legal 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 provided above changed in the past year? YES* NO

*(To update approved pickups fill out IDENTIFICATION & EMERGENCY LIC Form)

Please notify the Learning Center’s 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 provide copies of updated custody documentation)

Non-Discriminatory Policy: Zion Christian Learning Center admits children of any race, religion, color and national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the center. It does not discriminate on the basis of race, religion, color, or national or ethnic origin in administration of its policies, admissions policies, scholarship and center-administered programs.

LEARNING CENTER QUESTIONNAIRE

CHILD NAME: _____ **GRADE:** _____

Does your child have any allergies? If so, does he/she have an EPI pen?

Does your child have any special health conditions/concerns we need to be aware of? Please list and describe.

Are you homeschooling (filling out a homeschool affidavit) or using a charter school?

-If homeschooling, what curriculum will you be using (Zion Curriculum or specify all other curriculum)?

-If you are using a charter school, which charter school is your child enrolled with?

List any awards, interests, abilities, gifts, achievements and/or musical instruments played:

Does your child have a current IEP/ISP in place? If yes, please attach & submit a copy with this application.

Have there been any situations in your child's life that the center should know about in order to meet his/her learning and/or development needs? If yes, please describe.

Has your child ever been suspended, expelled, or asked to leave school? If yes, please provide the grade & circumstances:

Any other information you'd like Zion to be aware of?

PHOTO CONSENT FORM

CHILD FULL NAME: _____

Children at Zion Christian Learning Center may have their picture, class work, and/or other accomplishments published/recorded in Zion Christian Learning Center related publications and media, to include 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.

*****Children's names will not be published on any media platform.*****

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.
- Yes, I give permission for Brightwheel (learning coach & parent communication app) & seasonal performances only.
- No, I do not give permission.

I hereby release and discharge Zion Christian Learning Center from any and all claims arising out of the use of the photos, videos, or any form of media.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

PARENT CONSENT FOR NON-PRESCRIPTION MEDICATION

(To be renewed yearly)

CHILD FULL NAME: _____

Year 2026-2027 Grade: _____

Over-the-Counter (OTC) medications are drugs that do not require a prescription and are purchased “over-the-counter.” This form is required before administering over-the-counter medication at Zion Christian Learning Center.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do not want any OTC meds given to my child

TOPICAL:

- _____ Antibiotic cream (i.e. Neosporin)
- _____ Hydrocortisone cream (i.e. Cortaid)
- _____ Benadryl cream (i.e. Caladryl, Diphenhydramine)
- _____ Burn gels

ORAL:

- _____ Ibuprofen (i.e. Advil, Motrin)
- _____ Acetaminophen (i.e. Tylenol)
- _____ Antihistamine (i.e. Benadryl, Zyrtec)
- _____ Cough Drops

Please check with the learning center to see which medications are available for children and which medication you will need to supply. OTC medication will be given at the manufacturer’s recommended dosage.

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY CHILD.

(Signature of Parent/Guardian)

(Date)

Zion Christian Learning Center is not able to supply medications for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given regularly, please use the form “Request for Medication Administration”.

MEDICATION HISTORY:

Is your child allergic to any medication? YES / NO

If yes, please list medicine(s) and type of reaction: _____

Does your child take any medication (either over-the-counter or prescription) regularly? YES / NO

If yes, please list: _____

Financial Contract 2026-2027

Financial Responsible Parent/Guardian Full Legal Name: _____

Child Name _____

Birthdate: _____

Please Initial/sign where indicated:

INITIAL

Registration

Registration Fee is due at the time of enrollment as follows: **\$150 first child \$125 (Second Child), \$100 (Third Child), and \$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 enrollment. In place of a supply fee, parents will be sent a supply list at the beginning of enrollment, which is separate from any curriculum fees.

INITIAL

Payment Due Dates/Late Fees

I understand that fees are due and payable on the first of every month, **beginning in August**, with a grace period until the 7th. A **late fee of \$40** will be charged per child if payment is not received within seven (7) days of the invoice date. **If tuition and late fees are not paid by the 20th, services may be terminated.**

INITIAL

Absences

Absences are to be reported as early as possible to the office (760)723-3500. No credit is issued for illness or other absences. Contract days can not be traded. The Zion Christian Learning Center observes the same holiday schedule as our local school district(s). Please refer to the Instructional Calendar for holidays. Tuition fees still apply when a holiday falls on your enrollment day.

INITIAL

Learning Center Hours:

The Learning Center hours are from 8:00 AM to 3:00 PM.

Aftercare is available from 3:15 PM to 5:00 PM. Aftercare must be prearranged and will be billed at a rate of \$10 per hour, with a minimum charge of \$10.

If a child is not picked up by 3:15 PM, they will automatically be checked into Aftercare and the applicable charges will apply.

INITIAL

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

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

INITIAL

Withdrawal Policy:

Without exception, two weeks' written notice must be given when a child is withdrawn.

Registration fees and tuition charges for the current month will not be refunded. Two weeks' written notice is also required when reducing enrollment days.

FEE SCHEDULE 2026-2027

REGISTRATION FEES:

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

The supply list will be released in August 2026

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

TUITION/FEE SCHEDULE:

OPTION A: 5-4 DAYS/WEEK

Annual	Bi-Annual (Payment due 8/7/2026 & 1/7/2027)	Monthly-10 months (first payment due Aug. 7, 2026)
\$5,350	\$2,675	\$535

OPTION B: 3 DAYS/WEEK

Annual	Bi-Annual (Payment due 8/7/2026 & 1/7/2027)	Monthly-10 months (first payment due Aug. 7, 2026)
\$4,280	\$2,140	\$428

OPTION C: 1-2 DAYS/WEEK

Annual	Bi-Annual (Payment due 8/7/2026 & 1/7/2027)	Monthly-10 months (first payment due Aug. 7, 2026)
\$3,210	\$1,650	\$321

AfterCare

\$10.00 per hour

Tuition Discounts:

10% Sibling Discount

(This applies to the Learning Center and the Preschool & Kindergarten)

15% Veteran Discount

Provide proof of Military ID or honorable discharge paperwork

15% Firefighter/Police Officer Discount

Provide proof of employment

Clergy Discount (Please inquire in the front office for details.)

Must be a full-time occupation with a supporting verification letter from the employer that includes the job title.

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