

**Zion Lutheran Preschool
Waitlist Form**

TODAY'S DATE: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Parent(s) Name(s): _____

Contact Phone(s): _____

Contact Email Address: _____

Contact Email Address 2: _____

Home Address: _____

Are you a parish member of Zion Lutheran Church? (To be verified with church pastor.)
_____ Yes _____ No

Please give the earliest time (month and year for Infants and Toddlers) that you hope to enroll your child. Twos, Threes, and Four-year-olds begin the school year in September unless a spot unexpectedly opens: _____

Comments: _____

Please mail to the school office with \$100 non-refundable registration fee:

Zion Lutheran Preschool
Director - Jennifer Garcia
3606 Beauchamp
Houston, TX 77009

FOR OFFICE USE ONLY:

Fee received: _____ Ck #: _____ Tour offered: _____ Attended tour: _____

Notes: _____
