Zion Lutheran Preschool TODAY'S DATE: **Waitlist Form** 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: