



STUDENT INFORMATION

Student's Name _____ Male Female
Last First Middle

Address _____

City _____ Zip _____ Home Telephone () _____

Current Age _____ Date of Birth _____

Is your child Baptized? YES NO If yes, date of Baptism _____

FAMILY INFORMATION

Father/Guardian's Name _____

Mother/Guardian's Name _____

Address _____
(if different from student)

Address _____
(if different from student)

Home Phone () _____
(if different from student)

Home Phone () _____
(if different from student)

Cell Phone () _____

Cell Phone () _____

Email Address _____

Email Address _____

This child is living with... Both Parents Father Only Mother Only Father and Stepmother
 Mother and Stepfather Other (explain) _____

Primary Language spoken at home: _____

Child's Ethnicity: _____

SIBLINGS

NAME

BIRTHDATE

How did you hear about Zion ECEC? Zion family: _____ Other: _____

What made you choose Zion ECEC? _____

Are you interested in more information about Zion Elementary School? Yes No

CHURCH HISTORY

Do you presently attend church? Yes No Church name _____