**ZION COVENANT PRESCHOOL APPLICATION – UPK Class ONLY**

**Student's Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent(s) Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What you like us to call your child/label their items? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Present age** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Male or female** \_\_\_\_\_\_\_\_ **Phone Number \_\_\_\_\_\_\_\_\_­­\_\_\_\_**

**Primary email: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_ School district \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am aware that Zion has a limited number of spots available. My child will NOT be accepted until all required paperwork is submitted, along with the deposit. The non-refundable deposit is $70.00. **Deposit and class charge NOT required if ONLY attending a UPK class as a Southwestern lottery student.**

I am aware that Zion adheres to all NYS OCFS regulations concerning safety, security, staffing and class size ratios. Once you have reserved classes for your child, they are yours for the year. Choosing to withdrawal from a class during the school year will continue to be your financial responsibility until the spot is filled.

I understand that I will be responsible for my child's tuition payment each month if applicable. I have read the policy book for Zion Covenant Preschool available on the website.

**UPK Class Options: Monday-Friday** Please choose one: $75.00/week

­­­­­­­­­ \_\_\_AM UPK 9:00-11:30 - 5 days a week required. Priority given to full time care students.

\_\_\_ PM UPK 12:30-3:00 - 5 days a week required. Priority given to full time care students.

\_\_\_ Full Day UPK 9:00-3:00 - 5 days a week required – Southwestern lottery students only at this time.

**Responsible Parent(s) for payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**

*Director’s use only: Deposit­­ check number\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_­­­­­­­­\_\_\_ Date\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_­­\_\_\_\_\_*