

(office use only)

Enrollment Date:

___/___/___

2024-2025 Enrollment Form

Faith Lutheran School

Administrator/Principal: Dr. Jim McConnell Early Childhood Director: Mrs. Stephanie Luna

STUDENT INFORMATION:

| | |
|--|---|
| Child's Name: First Middle Last | Date of Birth |
| Child's Physical Address (<i>no P.O Box</i>) | City, State, Zip |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Child lives with <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ |
| Ethnicity (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Other: _____ | |

MOTHER'S INFORMATION:

FATHER'S INFORMATION:

| | |
|--|--|
| First & Last Name | First & Last Name |
| Mailing Address (if different than child's) | Mailing Address (if different than child's) |
| City, State, Zip | City, State, Zip |
| Marital status | Marital status |
| List telephone numbers below where parents/guardian may be reached while child is in care: | |
| Mom's Primary Telephone Number (list number below) <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> other | Dad's Primary Telephone Number (list number below) <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> other |
| Mom's Alternate Telephone Number (list number below) <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> other | Dad's Alternate Telephone Number (list number below) <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> other |
| Employer | Employer |
| Work Address (Including city, state, and zip) | Work Address (Including city, state, and zip) |
| Work Phone Number | Work Phone Number |
| Email Address | Email Address |

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

| | | |
|---|---------------------------------|--------------|
| Name of Physician | Physician's Practice Address | Phone number |
| Name of Emergency Medical Care Facility | Emergency Care Facility Address | Phone number |

I give consent for the facility to secure any and all necessary emergency medical care for my child.

_____ signature of parent or legal guardian

Please complete back side

LOCAL EMERGENCY CONTACT INFORMATION

| | |
|---|-------------------------|
| Emergency Contact Name <i>(person will be contacted if parents cannot be reached)</i> | Relationship to child |
| Emergency Contact Address <i>(must live within 50 miles of school)</i> | Emergency Contact Phone |

CHECK ALL THAT APPLY:

| |
|--|
| TRANSPORTATION <input type="checkbox"/> I give <input type="checkbox"/> I do not give consent for my child to be transported and supervised by the Faith Lutheran School employees or volunteers <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips (K – 4 th grade only) |
| FIELD TRIPS (K – 4 th grade only) <input type="checkbox"/> I give <input type="checkbox"/> I do not give consent for my child to participate in field trips. <i>Advance notice will be given prior to field trips.</i> |
| PHOTO CONSENT <input type="checkbox"/> I give <input type="checkbox"/> I do not give consent for Faith Lutheran School to take photographs and/or videos of my child, without compensation, for <input type="checkbox"/> promotional/advertising purposes <input type="checkbox"/> the school website <input type="checkbox"/> display in the classroom/school buildings |

I authorize Faith Lutheran School to allow my child to leave the facility ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

| Name | Phone number | Relationship to child |
|------|--------------|-----------------------|
| | | |
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| | | |

Does your child have a diagnosed food allergy? Yes No
 If yes, a food allergy emergency plan signed by the child's health care professional and the parent must be submitted prior to admission.
 If needed, food allergy emergency plans may be requested from the school office.

List any special problems that your child may have such as existing illness, previous serious illness, injuries and hospitalizations, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:
 initial box if none

Are you or your family active members of a local church congregation? Yes No
 If not, would you like information about the services at Faith Lutheran Church? Yes No
 If yes, what church? _____

 Signature of parent or legal guardian _____
 date

Faith Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational or admissions policies.