



Immanuel Lutheran School and Child Development Center

"Excellence at All Ages"



2024-2025 Child Admission Information

CHECK CHILD CARE NEEDED OR CLASS ENTERING (for school, must be of age by September 1)

- | | | |
|---|-------|---|
| <input type="checkbox"/> Pre-Kindergarten | AM/PM | <input type="checkbox"/> Extended Care (1-3 days) |
| <input type="checkbox"/> Pre-Kindergarten All Day | | |
| <input type="checkbox"/> ½ Day Kindergarten | | <input type="checkbox"/> Extended Care (4-5 days) |
| <input type="checkbox"/> Full Day Kindergarten | | <input type="checkbox"/> Before School Care Only |
| <input type="checkbox"/> 1 st 2 nd 3 rd 4 th 5 th (circle grade) | | <input type="checkbox"/> Before and After School Care |

OFFICE USE ONLY	
Received	_____
Registration Fee	_____
BC	IMM

CHILD'S INFORMATION

Legal Name: Last _____ First _____ Middle _____
 DOB _____ Nickname _____ Sex: M F (circle)
 Street Address _____ City _____ Zip _____
 Mailing Address if different: _____

Ethnic Background: ___Caucasian ___African-American ___Asian ___Hispanic ___Native-American ___Other
 Baptized: ___yes ___No

STUDENT BACKGROUND ...

Previous school attended: _____
 Reason for leaving: _____
 Has your child ever been expelled from school? Y N If yes, why? _____
 Has your child ever been screened or evaluated? Y N If yes, for what? _____
 Explain _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name _____ Cell # _____ Work # _____
 Employer _____ Occupation _____
 Email Address: _____ Home Address (if different from child) _____
 Church Home _____ [] Member of Immanuel Lutheran

Father/Guardian Name _____ Cell # _____ Work # _____
 Employer _____ Occupation _____
 Email Address: _____ Home Address (if different from child) _____
 Church Home _____ [] Member of Immanuel Lutheran

Parental Status: ___Married ___Divorced ___Unmarried ___Guardian ___Widowed

EMERGENCY CONTACT AND PICK-UP INFORMATION (OTHER THAN PARENTS)

1 st Emergency Contact Name/Relationship	Work #	Cell #	Home #
_____	_____	_____	_____
2 nd Emergency Contact Name/Relationship	Work #	Cell #	Home #
_____	_____	_____	_____
3 rd Emergency Contact Name/Relationship	Work #	Cell #	Home #
_____	_____	_____	_____

My child has permission to be released to his/her listed sibling under the age of 18:

Name: _____

EMERGENCY AUTHORIZATION

Child's Doctor _____ Phone _____ Call if needed? Y N Ambulance? Y N

Please identify any special health concerns/allergies which we should be aware of:

I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. Recognizing the possibility of physical injury, I hereby release discharge and/or indemnify Immanuel Lutheran, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields, and the facilities utilized against any claim by or on behalf of the registrant as a result of the registrant's participation or being transported to or from the same which transportation I hereby authorize. I agree to abide by the rules of Immanuel Lutheran.

I give consent for Immanuel Lutheran to transport my child to a safe relocation site in case of an emergency closure. I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

Parent Signature

Date

OTHER AUTHORIZATION

(INITIAL) I give consent for my child's picture to be taken while in the care of Immanuel Lutheran and understand these pictures may be posted in school and CDC related publications, including the website, newspaper, video or television advertisement, and any social media.

(INITIAL) I give consent for my son/daughter to participate in all field trips and school activities approved by the school. I understand that every effort will be made to notify me of field trip plans at least one week prior to the event. (Occasionally, opportunities for field trips occur that make it impossible for us to notify you at least one week ahead. In these instances, we will give you as much notice as we can).

(INITIAL) I pledge full support and cooperation to the faculty of Immanuel Lutheran School & CDC with regard to the work and conduct required of my child.

(INITIAL) I agree to make tuition and child care payments on time and to promptly meet other financial obligations as they arise.

(INITIAL) I understand that if my account balance becomes 30 days past due, my child will not be able to return to Immanuel until my account is current.

(INITIAL) I give consent for my child's records to be viewed by IdahoSTARS. (Childcare use only)

SIGNATURE _____

DATE _____