



Immanuel Lutheran School and Child Development Center

"Excellence at All Ages"



2017-2018 Child Admission Information

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

- Preschool (3 year old) AM/PM Child Care PART TIME (1-3 days)
 Pre-Kindergarten AM/PM Child Care FULL TIME (4-5 days)
 K5 Full Day (4-5 yr old)
 ½ Day Kindergarten
 Full Day Kindergarten 1st 2nd 3rd 4th 5th (circle grade)

OFFICE USE ONLY			
Received	_____		
Fee	_____		
BC	IMM	RW	QB

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

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 to include name, address, and phone number in the school directory.
- _____
(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 related publications, including the annual, website, newspaper, video or television advertisement.
- _____
(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.
- (CDC) _____ (INITIAL) I give consent for my child's records to be viewed by IdahoSTARS.

SIGNATURE _____

DATE _____