

STEPS TO ENROLL A NEW STUDENT

- Complete one application package for each new student
- *ALL* Early Childhood Education (ECE) and Kindergarten applicants must attach a copy of birth certificate, social security card, and current immunization record.
- *ALL* students entering Grades 1-8 must attach a copy of birth certificate, social security card, current immunization record, the most recent report card and achievement test scores, if available. A signed “*Transcripts Request*” authorization form must be attached if transcripts are not included with application.
- A \$50.00 application fee must be included with the application at the time of submission. Application will not be considered *until* the application fee is paid in full. Application fee is non-refundable.

Registration fees: ECE - \$200.00
 Kindergarten to 5th Grade - \$250.00
 6th Grade to 8th Grade - \$300.00

Registration fees are non-refundable and must be paid in full before student may attend any class or program. Every student must pay registration fee. The registration fee is valid only for the school year for which this application is being made.

Return application form, \$50 application fee, and all required documents to:

First Lutheran School
1207 N. Broadway
Knoxville TN 37917

Once your application has been reviewed and accepted, a contract will be mailed to you. Please sign the contract and return it as soon as possible.

Checklist of documents to include with application

- Birth Certificate
- Social Security card
- Doctor/Nurse Practitioner signed immunization record
- Completed multi-consent authorization
- School records release authorization (Grades 1-8 only)
- Completed medical information and emergency release authorization. If the student needs prescription medication to be kept at school, a physician authorization form and treatment plan must also be completed. Please request these documents from the school office or your physician.
- Completed application. (Please print legibly and answer all questions.)

Office Use Only

Date: _____

App. Paid: _____

Reg. Paid: _____

BC: _____ IM: _____

SS: _____ DIR: _____

Assigned: _____

FIRST LUTHERAN SCHOOL

Faithfully Learning and Serving

Early Childhood Education 2015-2016 Enrollment Application

1207 N. Broadway Knoxville, TN 37917
ECE 865-524-0308, Ext. 3 Fax 865-524-5636
Email: ece@firstlutherschool.com

____ 1 YR: 5 Full Days ____ 1 YR: 4 Full Days ____ 1 YR: 3 Full Days
____ 2 YR: 5 Full Days ____ 2 YR: 4 Full Days ____ 2 YR: 3 Full Days

Full days hours 6:30 am to 6:00 pm *** Late charges apply at 6:01pm

Please check which days to attend if not 5 day program.
(Attendance should be consistent.)

__ Monday __ Tuesday __ Wednesday __ Thursday __ Friday

Student's Full Name: _____ Date of Birth: _____

Mailing Address: _____ Ethnicity: _____
_____ Zip Code _____

Social Security#: _____ Email: _____

Home: _____ Cell: _____ Male [] Female []

SEVERE ALLERGY ALERT: _____

Father Step-Father Guardian Other: _____

Name: _____

Address: _____

(list only if different than student mailing address)

Place of Employment: _____

Work phone: _____

Cell phone: _____

Work e-mail: _____

(if you do not wish to receive daily school emails at work, leave blank)

Religion: _____

Mother Step-Mother Guardian Other: _____

Name: _____

Address: _____

(list only if different than student mailing address)

Place of Employment: _____

Work phone: _____

Cell phone: _____

Work e-mail: _____

(if you do not wish to receive daily school emails at work, leave blank)

Religion: _____

In case of divorce or separation, please complete this section:

Student lives with: ___Father___ Mother ___Other, explain: _____

Legal custody: ___Joint___ Father___ Mother___Other, explain: _____

Any pending court/custody orders? ___ No ___ Yes Please attach documents or describe situation

A copy of the Court Order must be on file in the school office if custodial rights are restricted.

Who is responsible for financial account? _____

I understand that tuition charges are due on the first of each school month. We encourage you to take advantage of our auto-pay system called Vanco Services. Account balances are always available on Fast Direct and balance due notifications will be sent via Fast Direct. After the fifteenth, if no payment is received, a late fee of \$20 will be added to your account. There will be a \$25 fee for returned checks. If two checks have been returned NSF only cash or certified funds will be accepted. Any account balance over thirty days past due may result in termination of services and collection efforts may result. First Lutheran School understands that financial difficulties may arise and are willing to work out suitable payment arrangements with proper communication. Please contact the Director or school administrative assistant as soon as you find it difficult to meet your obligation.

Please initial that you have read and understand this policy.

School Communication is done via our school portal (fastdir.com/firstlutheralschool) and internet access is essential. It is the responsibility of each parent to check the Fast Direct System Regularly for messages and information. If you need assistance with Fast Direct, including password or screen name, please contact the office. If you do not have internet access please check the necessary line.

Please initial that you have read and understand this policy.

I do not have internet

Student Information

Is the student baptized? ___No___Yes Date of Baptism: _____

Church of Baptism: _____

Does the student attend Church regularly? ___No___Yes Sunday School? ___No___Yes

List previous childcare, preschools, or Mother's Day Out programs and dates attended:

Did student's previous school deny re-enrollment? ___No___Yes

If yes, please explain: _____

Reason for Leaving; _____

Primary Language: _____ Secondary Language: _____

List Student's strengths: _____

List challenges for student: _____

Though this may be common, does student have difficulty "separating" from you? _____

Does student have a "comfort" item or routine that calms them? ___No ___Yes
If yes, please explain: _____

Please list any learning, physical, emotional, or behavioral difficulties of student

Does student receive daily medication? ___No ___Yes
If yes, list medication and explain: _____
Time and place where medication is to be taken: _____

Has student ever had an educational, behavioral, psychological, or neurological evaluation? ___No ___Yes
If YES, when and by whom? _____

Outcome: _____

Is student currently in speech or physical therapy? ___No ___Yes
If YES, when and by whom? _____

Does student recognize letters and numbers? ___No ___Yes Primary colors? ___No ___Yes
Shapes? ___No ___Yes

Siblings name and age: _____

Pets (type) and name: _____

Additional information that may be helpful to the school staff: _____

Please state why you prefer to enroll your child(ren) in our program. _____

EMERGENCY CONTACTS

**** Parents/guardians will always be the first contact in an emergency. Additional contacts are essential in the event parents cannot be reached.**

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Yes No This contact is permitted to transport student(s).

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell _____

Yes No This contact is permitted to transport student(s).

List other people that may transport your child. Identification may be requested by the staff prior to release of the child.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

-----Miscellaneous Information-----

Would you volunteer as a room parent or work with the Parent-Teacher League? No Yes

Are you interested in becoming a member of First Lutheran Church? No Yes

How did you hear of First Lutheran School? Website Internet Search Sign

Newspaper Open House

Friend Referred by: _____

(Please tell us who recommended FLS!)

ACCURACY AGREEMENT

I promise that all information provided to First Lutheran School is accurate and complete. (Any omissions or inaccuracies may result in removal of a student from FLS.) I show my agreement that I have provided accurate information by signing my name in the space below. I also agree to provide any documentation or information requested by FLS in a timely manner. I understand there is a 60 day probationary period, during which time the Director may rescind my child's enrollment from the program. I understand all financial obligations and procedures and have been issued a handbook explaining center operations. After reading this handbook, the signed confirmation will be given to the ECE Director. All vital information (birth certificate, social security card, valid immunization record) is attached to this application, along with the \$50 (one-time) application fee, with the understanding that the \$200 annual enrollment fee and tuition will be paid before attendance begins.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____



First Lutheran School admits students of any race, color, or national or ethnic origin to all the rights, privileges and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color, or national or ethnic origin in the administration of education policies, admissions policies, financial aid policies, or school administered programs.

**First Lutheran School and
First Lutheran Early Childhood Education
MEDICAL RELEASE 2015-2016**

This form may be used to record parental permission for medical and surgical treatment in case medical emergencies arise.

We, the undersigned as the parents and/or legal guardians of _____ hereby grant to First Lutheran School, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of First Lutheran School. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician.

Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature	Parent/Guardian Signature	Date
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Medical Insurance _____ Policy # _____

Father: _____ Cell Phone: _____ Work Phone: _____

Mother: _____ Cell Phone: _____ Work Phone: _____

List any medications and when taken:

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies or Special Conditions: _____

Allergist: _____ **Phone:** _____

Attach Physician Plan and Permission to Administer Rescue Meds if there is a SEVERE ALLERGY!

Epi-Pen in school office **Other:** _____
(Inhaler, etc.)

NOTE: In the event of an emergency medical situation, the school/chaperone will always attempt to contact the student's parents/guardian first!

**First Lutheran
School
ECE & SDC CONSENT
STATEMENTS Valid for school
year 2015-2016**

Student's Full Name: _____ Age: _____ Teacher: _____

**MINOR FIRST-AID
CONSENT**

Yes No I agree to hold harmless and to indemnify First Lutheran School and its staff in administering minor first aid to the above-named student. I understand that the incident will be reported to me via email, written communication, phone call, or in person. If my child receives a minor injury during the school day, I/we consent to the application of the following:

Soap/Water and/or hydrogen peroxide for cleaning minor wounds

Neosporin or equivalent antibiotic ointment

Vaseline or equivalent for chapped lips/skin

Band-aids or appropriate wound dressing (products may include latex)

SUNSCREEN

We will spend a lot of time outside, and students need to be protected from the sun! As the days get longer and warmer, sunscreen must be applied on the child prior to their arrival. Please be sure to send a bottle of SPRAY sunscreen, clearly labeled with the child's name, to be applied later in the day after activities.

Yes No I will provide spray sunscreen for my child if a prescription or specific brand is required, and agree that staff may apply as needed.

**PUBLICITY
CONSENT**

Yes No I hereby give First Lutheran School full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of the applicants for use in editorial content, art, advertising, trade or any other lawful purpose. I understand the applicant's likeness may be used in advertising and/or promotions. I hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use of applicant's likeness. I waive any right to inspect and approve final use of materials covered hereunder. I have read and understand this Release, and certify that the information provided is true and accurate.

**STUDENT
DIRECTORY**

Yes No I hereby give permission to include student's birthday, address and home phone number for publishing in the school directory. Directory will be available to school parents for classmate information only and will not be distributed for any other purpose.

Parent/Guardian signature: _____ Dated: _____

Parent/Guardian signature: _____ Dated: _____

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) _____ Birthdate (mm/dd/yy) _____

Parent/Guardian Name (Last name, first name, middle) _____

Phone (please include area code xxx-xxx-xxxx) _____

Address _____

City _____ State _____ Zip Code _____

Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

Health Examination Documentation (if required)

This child has been examined: MM / DD / YY _____

Certified by (Signature/Stamp) _____

Check if needed

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	Total Doses	Integrated (Y/N)	Serology (Y/N)	History (Y/N)	Medical Exemption (X)
Required Vaccines for School or Child Care Attendance												
Hib <small>Child Care Only (<5 years)</small>												
Pneumococcal (PCV) <small>Child Care Only (<5 years)</small>												
DTP, DTaP, DT, Td												
Poliomyelitis												
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used										YY		
Hepatitis A <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>										YY		
Measles										YY		
Mumps										YY		
Rubella										YY		
Varicella									YY	YY	YY	
Tdap Booster <small>7th Grade Entry Only</small>												
Recommended Vaccines (Documentation Optional)												
Rotavirus												
Influenza												
Meningococcal												
HPV												

This section must be completed by provider (✓select one*)

A) Temporary - Expiration Date MM / DD / YYYY _____
Expiration one month after date next catch-up immunization is due.

B) Child Care Up to Date
Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.

C) Child Care / Pre-School / Pre-K Complete*
Fulfills requirements for child care / pre-school <5 years of age.

D) Complete K-5th Grade*
Fulfills requirements, Kindergarten through 5th grade.

E) Complete 7th grade or higher
Fulfills requirements, 7th grade or higher.

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department: _____

Certified by (signature/stamp) _____ Date of Issue MM / DD / YYYY _____

