

# 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 5<sup>th</sup> Grade - \$250.00  
                                 6<sup>th</sup> Grade to 8<sup>th</sup> 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

3 YR 5 Full Days  3 YR 4 Full Days  3 YR 3 Full Days  
 4 YR 5 Full Days  4 YR 4 Full Days  4 YR 3 Full Days  
 3 Half Days  4 Half Days  5 Half Days  
Half days hours 8:30 am – 12:30 pm

Full days hours 6:30 am – 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 FastDirect and balance due notifications will be sent via FastDirect. 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/firstluthेरanschool](http://fastdir.com/firstluthेरanschool) ) 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 2014-2015**

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

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 2014-2015**

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/CDPS/required.htm>) and on the Tennessee Web Immunization System.

| VACCINE   | DATE<br>MM / DD / YY | DATE<br>MM / DD / YY | DATE<br>MM / DD / YY | DATE<br>MM / DD / YY | DATE<br>MM / DD / YY | DATE<br>MM / DD / YY | Total Doses | Registered (Y/N) | Serology (Y/N) | History (Y/N) | Medical Exemption (X) |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------|------------------|----------------|---------------|-----------------------|
| <b>Required Vaccines for School or Child Care Attendance</b>                              |                      |                      |                      |                      |                      |                      |             |                  |                |               |                       |
| Hib<br>Child Care Only (<5 years)   |                      |                      |                      |                      |                      |                      |             |                  |                |               |                       |
| Pneumococcal (PCV)<br>Child Care Only (<5 years)  |                      |                      |                      |                      |                      |                      |             |                  |                |               |                       |
| DTP, DTaP, DT, Td   |                      |                      |                      |                      |                      |                      |             |                  |                |               |                       |
| Poliomyelitis   |                      |                      |                      |                      |                      |                      |             |                  |                |               |                       |
| Hepatitis B<br><input type="checkbox"/> Check here if 11-15 years<br>2-dose schedule used |                      |                      |                      |                      |                      |                      |             |                  | YY             |               |                       |
| Hepatitis A<br>Child Care Effective 7/2010<br>Kindergarten Effective 7/2011               |                      |                      |                      |                      |                      |                      |             |                  | YY             |               |                       |
| Measles   |                      |                      |                      |                      |                      |                      |             |                  | YY             |               |                       |
| Mumps   |                      |                      |                      |                      |                      |                      |             |                  | YY             |               |                       |
| Rubella   |                      |                      |                      |                      |                      |                      |             |                  | YY             |               |                       |
| Varicella   |                      |                      |                      |                      |                      |                      |             | YY               | YY             | YY            |                       |
| Tdap Booster<br>7 <sup>th</sup> Grade Entry Only  |                      |                      |                      |                      |                      |                      |             |                  |                |               |                       |
| <b>Recommended Vaccines (Documentation Optional)</b>                                      |                      |                      |                      |                      |                      |                      |             |                  |                |               |                       |
| 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-6<sup>th</sup> Grade\*  
Fulfills requirements, Kindergarten through 6<sup>th</sup> grade.

E) Complete 7<sup>th</sup> grade or higher  
Fulfills requirements, 7<sup>th</sup> 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 \_\_\_\_\_