

FIRST LUTHERAN SCHOOL ECE CONSECUTIVE ENROLLMENT APPLICATION 2020-2021

Parent or guardian shall complete and sign this enrollment application and return it to FLS along with a **non-refundable** enrollment fee(s). Students are not considered "enrolled" until all forms are completed, signed, and the enrollment fee(s) paid.

Student Name	Date Of Birth	Grade	ECE only Days of the Week	ECE only Full or Half Day	Enrollment Fee \$225 ECE KGN-5 th Grade: \$275 6 th – 8 th grades: \$325
				TOTAL DUE	
SAMPLE : Susie Sample Johnny Sample	06/01/16 06/21/06	P3 8	M-W-TH	Full day	\$225 <u>\$325</u> Total Due:\$550

Father: _____ Home Phone: _____

Address: _____
Street
City
State
Zip

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Email: _____

Church Affiliation: _____ Church Attendance: Weekly Occasionally Seldom

Mother: _____ Home Phone: _____

Address: (if different from above): _____
Street
City
State
Zip

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Email: _____

Church Affiliation: _____ Church Attendance: Weekly Occasionally Seldom

If there is a separation or divorce in the family or if the applicant resides with a legal guardian other than the parent, please complete this section.

Name of Legal Guardian : _____ Relationship to Child: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

If separated or divorced, with which parent does the student reside: _____

Attach a copy of the court's decision regarding custody if one parent is not allowed contact or there are special circumstances regarding custody.

Step Father: _____ Step Mother: _____

Who is Responsible for the financial account? _____

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 to child: _____

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

Name: _____ Relationship to child: _____

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

List other people that may transport child:

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



Internet Communications

School communication is done via our school portal (fastdir.com/firstlutherschool) 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 line below.

Please initial that you have read and understand this policy. Parent _____ Parent _____

_____ I have internet _____ I do not have Internet _____ Other (Explain : _____)

Enrollment Agreement

I understand that tuition due on the first of each school month. We encourage you to take advantage of our auto-pay system called Vanco Services or online payment options through Fast Direct. Account balances are always available on FastDirect and balance due notifications will be sent via FastDirect. Lunch, student services, and any other fees due will be applied first when payment is received, with any remaining balance applied to tuition. A statement will be sent after the fifteenth if no payment is received and 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 sixty 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 Principal 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. Parent _____ Parent _____

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 Principal and/or School Board may rescind my child's enrollment from First Lutheran School.

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
MEDICAL RELEASE 2020-2021**

*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 2020-2021

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.

FACILITY VISIT

____ Yes ____ No I visited the facility prior to enrolling my child.

**DEPARTMENT OF EDUCATION SUMMARY
OF CERTIFICATION REQUIREMENTS**

____Yes ____No I have received and read the Department of Education Standards for School-administered Child Care, Chapter 0520-12-01 Summary.

**PROGRAM POLICIES AND
PROCEDURES (HANDBOOK)**

____Yes ____No I have received a copy of First Lutheran School's Early Childhood Education program handbook, and payment contract. By signing this statement, I am acknowledging receipt and understand and agree to the content provided within.

**PERSONAL SAFETY
CURRICULUM**

____Yes ____No I acknowledge that we have been provided an opportunity to review First Lutheran School's Early Childhood Education personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety.

Our Curriculum: The Department of Education has given us Second Step: Child Protection Unit to use and we will be combining it with our original curriculum. Both curriculums are by the *Committee for Children*

- Week 1: Ways to Stay Safe: we will discuss how to Stop and Think "Is it safe?" How to say "no," and "Tell a grown-up." We will identify rules for guns, fire, riding on wheels, crossing the street, riding in a car, sharp tools and dogs. We demonstrate using ways to stay safe in response to scenarios with pictures.
- Week 2: Always Ask First Rule: Always ask someone in charge (a parent, teacher, babysitter) when you are not sure if it's safe: When someone asks you to do something, go somewhere or give you something.
- Week 3: Safe Touches: Safe touches help you feel loved and cared for. Unsafe touches hurt. Private parts are covered in a bathing suit. *The touching rule*: Only someone keeping you healthy should touch your private parts. Parents, and caregivers who change babies' diapers, help you with the toilet or give you baths and Doctors. If someone wants to break the touching rule always tell an adult you trust – your parent or teacher.
- Week 4: Practice is staying safe: Never keep secrets, tell someone who will help you. Scenarios about breaking safety rules – playing with matches, eating things without permission, playing unsafe games, leaving with someone.
- Week 5: Reviewing our Safety Skills

The curriculum has scenarios that we do not feel necessary for 3 and 4 year olds to see or hear. We will approach the subject in a more abbreviated version. If however, you wish to show the video and discuss the bad touches in more detail that can be done from your home. We feel a child should be older, 5 and 6 years of age, to show the more detailed information. If you would like to see the curriculum or have any questions, please see the preschool director.

Parent/Guardian signature: _____ Dated: _____

Parent/Guardian signature: _____ Dated: _____