

FIRST LUTHERAN SCHOOL

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

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

.....

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? _____

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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 Kindergarten to 8th Grade

CONSENT STATEMENTS

Valid for school year 2020-21

Student's Full Name: _____

OVER-THE-COUNTER MEDICATION CONSENT

DO NOT ADMINISTER ANY OTC MEDICATIONS

If you choose **DO NOT ADMINISTER**, *phone authorization will not be accepted as consent* and a parent/guardian must come to the school to administer medication to the student.

____ Yes ___ No I / We authorize the staff of First Lutheran School to administer the following over-the-counter medications to the student named above. I / We understand that by checking any box, only *one dose* of medication may be dispensed per school day. *Students are not permitted, at any time, to have any medication in their possession. Exemption occurs with written doctor's orders and medical consent forms on file in the school office.* I / We agree to hold harmless and to indemnify First Lutheran School and its staff in the administration of the following medications.

Please check the appropriate spaces below:

___ Acetaminophen adult strength tablets 250mg	___ 1 tablet ___ 2 tablets
___ Ibuprofen adult strength tablets 200mg	___ 1 tablet (recommended dosage)
___ Acetaminophen child strength liquid or fast melt	___ recommended dosage ___ other _____
___ Ibuprofen child strength liquid or fast melt tab	___ recommended dosage ___ other _____

MINOR FIRST-AID CONSENT

Please check the appropriate spaces below:

____ Yes ___ No I / We agree to hold harmless and to indemnify First Lutheran School and its staff in administering minor first aid to the above-named student. I / We understand that an incident report will be sent home with the student. If my child receives a minor injury during the school day, I / We consent to the application of the following:

___ Hydrogen peroxide spray / soap and water 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)

DEPARTMENT OF EDUCATION

____ Yes _____ No I have received and read the Department of Education Standards for School-administered Child Care, Chapter 0520-12-01 Summary.

FIRST LUTHERAN SCHOOL FAMILY HANDBOOK

____ Yes ___ No I acknowledge that a copy of the First Lutheran School Family Handbook has been made available to me and that I understand and agree to the content provided within.

TRIPS/TRANSPORTATION

Yes No I agree that extra-curricular activities are a vital part of a well-rounded education. I / We give my consent to First Lutheran School and its approved drivers to transport the student to activities which may be held away from FLS campus. I understand that these activities may include education field trips, cultural excursions, recreational outings, off campus performances and school sponsored sports related activities. I understand that FLS staff and School-Approved Parent Drivers and Coaches will provide the transportation. I agree to hold harmless and to indemnify First Lutheran School, its staff, and school-approved parent drivers and coaches in the event of accident or injury while transporting students for school-related activities.

STUDENT SERVICES CENTER

(Before and after school child care program)

Yes No I / We agree that my child may participate in the Student Services program provided by First Lutheran School. I understand the Center is open before school from 6:30 am – 8:00 am and after-school until 6:00 pm. Center services are available as-needed. Charges are \$1.25 per quarter hour. Late charges begin at 6:01 pm and are \$1.00 per minute per child. If your child attends the program on a day that school is closed, please send their LUNCH and a DRINK (including required utensils) as our cafeteria kitchen will be closed. The fee for a nonschool day is \$40.00, operating hours are 6:30 am to 6:00 pm. Any late charges will be applied as listed above.

PREREGISTRATION FOR NON-SCHOOL DAYS IS RECOMMENDED. NON-REGISTERED students may attend, space permitting, at a cost of \$50.00 per day. Registration forms are available in the school office or ECE.

PHOTOS/PUBLICITY

Yes No I / We 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 / We understand the applicant's likeness may be used in advertising and/or promotions. I / We 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 / We waive any right to inspect and approve final use of materials covered hereunder. I / We have read and understand this Release, and certify that the information provided is true and accurate.

Yes No I/We give permission for First Lutheran School to publish my son/daughter's written work with only the child's first name being used to identify the author.

SCHOOL DIRECTORY

Yes No I / We 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.*

INTERNET USAGE/PERMISSION

Yes No I/We give permission for my child to access the school's networked computer services, the Internet, and online productivity tools. I/We release the school and its employees from any responsibility or liability resulting in any way from my child's use of the access privilege or based on any materials the student acquires or sees as a result of access by the student or others. I also understand that the school and its employees have no relationship to non-school use of technology.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____