

# FIRST LUTHERAN SCHOOL

*Faithfully Learning and Serving*

## PRESCHOOL AGES 1-2

### 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 \$75.00 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 - \$225.00  
                                 Kindergarten to 5<sup>th</sup> Grade - \$275.00  
                                 6<sup>th</sup> Grade to 8<sup>th</sup> Grade - \$325.00

*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, \$75 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.)





# FIRST LUTHERAN SCHOOL

*Faithfully Learning and Serving*

## Early Childhood Education 2020-2021 Enrollment Application

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

Age:  1 YR  2 YR    Number of Days:  5 Days  4 Days  3 Days    Time:  Full Days  Half Days

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

Monday     Tuesday     Wednesday     Thursday     Friday

Start date \_\_\_\_\_

Full days hours 6:30 am – 6:00 pm \*\* Late charges apply at 6:01pm  
(1 year old) Half day hours are 8:00am to 12:00pm \*\*Late charges apply at 12:01pm  
(2 year old) Half day hours are 8:00am to 12:30pm \*\*Late charges apply at 12:31pm

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security#: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Male [ ] Female [ ]

**SEVERE ALLERGY/MEDICAL CONDITION 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/Church: \_\_\_\_\_

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/Church: \_\_\_\_\_

# EMERGENCY CONTACTS

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

(Non-Parent) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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(Non-Parent) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\*

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

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

**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? \_\_\_\_\_

## 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:

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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, occupational, 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: \_\_\_\_\_

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

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**-----Miscellaneous Information-----**

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

Are you interested in learning more about 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!)

## 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 and  
Early Childhood Education  
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: \_\_\_\_\_