

FIRST LUTHERAN SCHOOL

Faithfully Learning and Serving

PRESCHOOL AGES 3-4

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 5th Grade - \$275.00
 6th Grade to 8th 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@firstlutherschool.com

Age: 3 YR 4 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
Half day hours are 8:00 am – 12:30 pm **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: _____

(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:

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: _____

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

-----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: _____