



EMMANUEL LUTHERAN SCHOOL

APPLICATION FOR PRESCHOOL ADMISSION

School Year: _____

Student's Full Name: _____ Nickname: _____

Male _____ Female _____ Date of Birth _____ Age _____

Race Asian African American Caucasian Hispanic Other _____

(Optional, for statistical reporting only)

EARLY CHILDHOOD PROGRAMS

Select 1 Level:

Select 1 - Days/Week:

Select 1 Program:

_____ Young Infant	_____ PS2	
_____ Older Infant	_____ PS3	
_____ Toddler 1	_____ PS3/4	_____ 2 Days _____ Half-Day 8:30 AM – 12:30 PM
_____ Toddler 2	_____ PK 1	_____ 3 Days _____ Full-Day 8:30 AM – 3:30 PM
	_____ PK2	_____ 5 Days _____ Extended-Day 7:30 AM – 5:30 PM

(extend day is the only option for Infants & Toddlers)

NOTE: Please star (*) information you DO NOT want published in the School Family Directory.

Father/Step-Father/Guardian *(Circle One)*

Mother/Step-Mother/Guardian *(Circle One)*

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Parents' marital status *(circle one)*: Married Single Widowed Separated Divorced

Child lives with *(circle one)*: Both Parents Father Mother Step-Parent Guardian/Grandparents

Are there any court-authorized restrictions related to custody, financial commitment, or visitation? _____

If yes, please describe and supply documentation: _____

CHILD INFORMATION

Names and ages of siblings: _____

Preschool presently or last attended: _____

Are there any medical, physical, emotional, or learning issues (disabilities, vision, hearing, asthma, allergies, etc.) that need consideration for the child's successful adjustment to school? If yes, please explain: _____

List any particular fears or unique behavior characteristics your child has:

Does your child have any known allergies? Yes: ___ No: ___ if yes, explain:

Does your child have any chronic illness/conditions? Yes: ___ No: ___ if yes, explain:

Does your child use an epi-pen? Yes: ___ No: ___

If your child has health care needs such as allergies, asthma or other chronic conditions that require specialized health services, a medical action plan shall be attached to this contract. The medical action plan must be completed by the child's doctor or parent. Action plan attached? Yes: ___ No: ___

I agree that the school may authorize the physician of its choice to provide emergency care or take my child to the hospital in the event that neither I nor my family physician can be contacted immediately. Yes: ___ No: ___

I give permission for my child to participate in supervised activities outside of the fenced playground area. (Example: nature walk, breezeway, etc.) Yes: ___ No: ___

How or from whom did you learn about Emmanuel Lutheran School? _____
(If referred by a current school parent, please identify by name)

Why would you like to have your child attend Emmanuel Lutheran School? _____

Church Information

Has your child ever been baptized? Yes ___ No ___ If yes, date: _____

Would you like to learn more about Emmanuel Lutheran Church? Yes ___ No ___

Parent / Guardian Printed Name

Parent / Guardian Signature

Date

Parent/Guardian Emergency Contact

Please provide a telephone number at which you are most likely to be reached, should we need to contact you for school emergency notices, such as weather delays or early dismissals.

Primary phone number if school needs to reach parent **DURING** school hours: _____

Primary phone number if school needs to reach parent **OUTSIDE** school hours: _____

EMERGENCY / MEDICAL INFORMATION

In case of emergency (if parents/guardians cannot be reached):

Name: _____ Relationship: _____ Cell #: _____

Name: _____ Relationship: _____ Cell #: _____

Name: _____ Relationship: _____ Cell #: _____

Persons authorized to pick up student (other than parents/guardians):

Name: _____ Relationship: _____ Cell #: _____

Name: _____ Relationship: _____ Cell #: _____

Name: _____ Relationship: _____ Cell #: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Hospital preference: _____

Insurance carrier: _____ Policy #: _____

I agree that the school may authorize the physician of its choice to provide emergency care or take my child to the hospital in the event that neither I nor my family physician can be contacted immediately.

Parent / Guardian Printed Name

Parent / Guardian Signature

Date: _____

Emmanuel Lutheran School hereby agrees to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of operator/administrator _____

Date: _____