

# FIRST LUTHERAN SCHOOL

*Faithfully Learning and Serving*

## Consecutive Enrollment Application 2010-2011 Early Childhood Education

Office Use Only

Student: \_\_\_\_\_

5 Full Days    4 Full Days    3 Full Days    2 Full Days   \* \* \* \* \*    2 Half Days    3 Half Days

Other, as arranged by Director \_\_\_\_\_

Please check days student(s) will attend: *(Attendance should remain consistent.)*

Monday    Tuesday    Wednesday    Thursday    Friday

Mailing Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Father    Step-Father    Guardian \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(list only if different than student mailing address)

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work Email: \_\_\_\_\_  
(if you do not wish to receive daily school emails at work, leave blank)

Church: \_\_\_\_\_  
Attend regularly?  yes    no

Mother    Step-Mother    Guardian \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(list only if different than student mailing address)

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work Email: \_\_\_\_\_  
(if you do not wish to receive daily school emails at work, leave blank)

Church: \_\_\_\_\_  
Attend regularly?  yes    no

***In case of divorce or separation, please complete the following:***

Student lives with:  father    mother   other \_\_\_\_\_

Legal custody:  joint    father    mother   other \_\_\_\_\_

Billing invoices should be sent to: \_\_\_\_\_

Any current or pending court/custody orders?  No    Yes Explain/attach documents: (if already on file, another copy is not necessary)

*A copy of the Court Order must be on file in the school office if custodial rights are restricted.*

EMERGENCY CONTACT INFORMATION

*Please list emergency contacts other than parents/guardians. Parents/guardians will always be called first in an emergency. Additional emergency numbers are essential in the event parents cannot be reached.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_  YES, THIS PERSON MAY TRANSPORT STUDENT(S)

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_  YES, THIS PERSON MAY TRANSPORT STUDENT(S)

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_  YES, THIS PERSON MAY TRANSPORT STUDENT(S)

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Authorized persons (not listed above) that may transport student. We will verify identification.

\_\_\_\_\_  
\_\_\_\_\_

May we list student's name, address, and phone in the FastDirect Buzzbook?  YES  NO

Are you interested in becoming a First Lutheran School ambassador at your church?  YES  NO

*(An ambassador will assist the Principal in providing information to your congregation about First Lutheran School)*

**I agree to abide by the policies of First Lutheran School as stated in the Handbook, and I pledge my full cooperation in the Christian training of my Child.**

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

**FIRST LUTHERAN SCHOOL  
EMERGENCY MEDICAL CONSENT**

(To be completed by parent/guardian)

In the event that your child requires a visit to the hospital /doctor while under the supervision of the school, this form will allow the hospital/doctor to treat the injury. The child will be transported to the nearest emergency room unless written request for alternate is received.

**EMERGENCY INFORMATION**

Student: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy and Group #'s \_\_\_\_\_

ALLERGIES AND TREATMENT PLAN: \_\_\_\_\_

Allergist & Phone: \_\_\_\_\_

If medication is required to be stored at school, a **physician's plan of treatment must be attached. *Prescription medication will not be dispensed without treatment plan and authorization from the student's physician. A parent consent form must also be attached.*** These forms will be valid for the current school year and are available in the school office or the student's physician.

**Medical Evaluation Form**

(Explain all "Yes" Answers on Reverse)

1. Has student ever been hospitalized? \_\_\_ YES \_\_\_ NO

2. Has student ever had surgery? \_\_\_ YES \_\_\_ NO

3. Is student presently taking any medications? \_\_\_ YES \_\_\_ NO

List: \_\_\_\_\_

4. Has student ever passed out from exercise? \_\_\_ YES \_\_\_ NO

5. Has student ever had high blood pressure? \_\_\_ YES \_\_\_ NO

6. Does student have a heart murmur? \_\_\_ YES \_\_\_ NO

7. Has student ever had a head injury requiring hospitalization?  
\_\_\_ YES \_\_\_ NO

8. Has student ever had a seizure? \_\_\_ YES \_\_\_ NO

9. Has student ever had heat or muscle cramps? \_\_\_ YES \_\_\_ NO

10. Has student ever been dizzy or passed out from the heat?  
\_\_\_ YES \_\_\_ NO

11. Does student have trouble breathing or coughs during or after activities? \_\_\_ YES \_\_\_ NO

12. Does student use special equipment (pads, braces, neck roll, and mouth/eye guard)? \_\_\_ YES \_\_\_ NO

13. Has student had any vision or eye problems? \_\_\_ YES \_\_\_ NO

14. Does student wear glasses, contacts, or protective eyewear?  
\_\_\_ YES \_\_\_ NO

15. Has student sprained/strained/ dislocated/fractured/broken or had repeated swelling of any bone or joint?

\_\_\_ Head \_\_\_ Thigh \_\_\_ Neck \_\_\_ Elbow \_\_\_ Knee \_\_\_ Chest \_\_\_ Forearm \_\_\_ Shin/Calf \_\_\_ Back \_\_\_ Wrist \_\_\_ Ankle \_\_\_ Hip \_\_\_ Hand \_\_\_ Foot

17. Does student have any other medical issues? Please check appropriate boxes and explain on reverse

Hearing impairment    Asthma    Diabetes    Frequent upset stomach    Frequent headache    Frequent sore throat

Date of last tetanus booster? \_\_\_\_\_

***Please read and sign the back of this form***

I/We, the undersigned parent(s) and/or legal guardian(s) of \_\_\_\_\_ a minor child, do hereby authorize First Lutheran School, and/or any other adult appointed or designated by the school, to consent to and employ any such medical, surgical and dental care for minor child, including any diagnostic tests, medical, surgical or dental procedure or treatments deemed therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care. FLS may admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical or dental care being required, but is given to provide authority to obtain such care if it should be required.

IN WITNESS WHEREOF, I/We have executed this "Authorization or Consent to Medical and Dental Care" this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

State of Tennessee  
County of Knox

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, personally appeared,

\_\_\_\_\_ and known to me to be the person(s) who executed the above consent and stated that it was executed as his/her/their free act and deed.

\_\_\_\_\_  
Kim Marie Smith, Notary Public  
My Commission Expires August 12, 2012

Explain "YES" answers (from reverse) here:

**First Lutheran School**  
**ECE & SDC CONSENT STATEMENTS**  
Valid for school year 2010-2011

Student's 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:

- Hydrogen peroxide spray 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 outdoors during the summer, and students need to be protected from the sun! Sunscreen must be applied on the child prior to their arrival each day at summer day camp. 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 and agree that staff may apply as needed.

**PUBLICITY CONSENT**

YES  NO I/We agree to permit First Lutheran School and its designees to use the photographic likeness and/or artistic, musical or written work of \_\_\_\_\_ for school purposes. I understand that FLS may use the Student's likeness and work with or without associating the student's name. I further waive any claim for compensation of any kind for FLS use or publication of the student's likeness or work. And, I hereby fully and forever discharge and release FLS from any claim for damages of any kind arising out of the use or publication of the Student's Likeness or Work, and covenant and agree not to sue or otherwise initiate legal proceedings against the School for such use of publication. These grants of permission and consent and all covenants, agreements, and understandings set forth here are irrevocable. I also understand that if any portion of this agreement is deemed to be ineffective, the remaining provisions shall continue to be effective.

Parent/Guardian signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Dated: \_\_\_\_\_