

FIRST LUTHERAN SCHOOL

Faithfully Learning and Serving

STEPS TO ENROLL A NEW STUDENT

- Complete one application, consent statement and emergency medical release form per child.

- ALL Early Childhood Education (ECE) and Kindergarten applicants must attach a copy of birth certificate, social security card, and official Tennessee immunization record with medical examination form completed by physician. (sample form attached)

- ALL students entering Grades 1-8 must attach a copy of 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 \$50.00 application fee must be included with the application at the time of submission. Application will not be considered until the application is complete and fee is paid in full. Application fee is non-refundable.

- Registration fees per student: ECE: \$200 *** KGN – 5th grade: \$250 *** Grades 6-8: \$300
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, \$50 application fee, and all required documents to:

First Lutheran School
1207 N. Broadway
Knoxville TN 37917

Checklist of documents to be included with application:

(Upon request, document copies can be made at FLS and originals returned)

- Birth Certificate
- Social Security card
- Official Tennessee Immunization Record
*sample is attached.
- School records and/or release authorization (available in school office)
(Grades 1-8 only)
- Completed application. Please print legibly and answer all questions.

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) _____ Birthdate (mm/dd/yy) _____

Parent/Guardian Name (Last name, first name, middle) _____

Phone (please include area code xxx-xxx-xxxx) _____

Address _____

City _____ State _____ Zip Code _____

Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

Health Examination Documentation (if required)

This child has been examined: MM / DD / YY _____

Certified by (Signature/Stamp) _____

Check if needed

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	Total Doses	Immunized (Y/N)	Serology (Y/N)	History (Y/N)	Medical Exemption (X)
Required Vaccines for School or Child Care Attendance											
Hib Child Care Only (<5 years)											
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTaP, DT, Td											
Poliomyelitis											
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used										YY	
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011										YY	
Measles										YY	
Mumps										YY	
Rubella										YY	
Varicella									YY	YY	YY
Tdap Booster 7 th Grade Entry Only											
Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal											
HPV											

This section must be completed by provider (✓select one*)

A) Temporary - Expiration Date MM / DD / YYYY _____
Expiration one month after date next catch-up immunization is due.

B) Child Care Up to Date
Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.

C) Child Care / Pre-School / Pre-K Complete*
Fulfills requirements for child care / pre-school <5 years of age.

D) Complete K-6th Grade*
Fulfills requirements, Kindergarten through 6th grade.

E) Complete 7th grade or higher
Fulfills requirements, 7th grade or higher.

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department: _____

Certified by (Signature/Stamp) _____ Date of Issue MM / DD / YYYY _____

Office use only

Date: _____

App Paid: _____

Reg Paid: _____

Start Date: _____

BC _____ IM _____

SS _____ DIR _____

Assigned: _____

FIRST LUTHERAN SCHOOL

Faithfully Learning and Serving

Early Childhood Education 2012-2013 Enrollment Application

1207 N. Broadway, Knoxville TN 37917
ECE (865) 523-9298 ** Fax: (865) 524-5636
E-mail: pwright@firstlutherschool.com

- 3 YR 5 Full Days
 3 YR 4 Full Days
 3 YR 3 Full Days
 3 YR 2 Full Days
 4 YR 5 Full Days
 4 YR 4 Full Days
 4 YR 3 Full Days
 4 YR 2 Full Days
 2 Half Days
 3 Half Days
 4 Half Days
 5 Half Days
 Half days hours 8:30 am – 12:30 pm

Full days hours 6:30 am – 6:00 pm ** Late charges apply at 6:01pm

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

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Student's Full Name: _____ Date of Birth: _____

Mailing Address: _____ Ethnicity: _____

Social Security#: _____ Home Telephone: _____

Primary Email: _____

SEVERE ALLERGY ALERT: _____ (see page 7 for details)

Father Step-Father Guardian Other _____

Name: _____

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

Place of Employment: _____

Work phone: _____

Cell phone: _____

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

Religion/Denomination: _____

Home Church: _____

Attend regularly? yes no

Mother Step-Mother Guardian Other _____

Name: _____

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

Place of Employment: _____

Work phone: _____

Cell phone: _____

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

Religion/Denomination: _____

Home Church: _____

Attend regularly? yes no

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? _____

I understand that tuition charges are due on the first of each school month. We encourage you to take advantage of our auto-pay system called Vanco Services. Account balances are always available on FastDirect and balance due notifications will be sent via FastDirect. After the fifteenth, if no payment is received, 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 thirty 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 Director 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.

Student Information

Is the student baptized? No Yes Date of Baptism: _____

Church of Baptism: _____

Does the student attend Church regularly? Yes No Sunday School? Yes No

List previous childcare, preschools, or Mother's Day Out programs and dates attended:

Did student's previous school deny re-enrollment? Yes No If yes, explain: _____

Reason for Leaving: _____

Primary Language: _____ Secondary: _____

List Student's strengths: _____

List challenges for student: _____

Though this may be common, does student have difficulty "separating" from you? No Yes

If yes, please explain: _____

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. None apply

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 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.

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: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Yes No This contact is permitted to transport student(s).

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell _____

Yes No This contact is permitted to transport student(s).

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

GRANDPARENTS OR OTHER SPECIAL PEOPLE (Please include address to receive invitations for "Grandparents Day!")

Name(s): _____ Address: _____

Relationship: _____ Home Phone: _____

Cell: _____ Work: _____

Yes No List as EMERGENCY CONTACT -- Yes No CONSENT TO TRANSPORT STUDENT

.....
Name(s): _____ Address: _____

Relationship: _____ Home Phone: _____

Cell: _____ Work: _____

Yes No List as EMERGENCY CONTACT ---- Yes No CONSENT TO TRANSPORT STUDENT

Would you volunteer to become a room parent or work with the PTL (parent-teacher league)? Yes No

Are you interested in becoming a member of First Lutheran Church? Yes No

How did you hear of First Lutheran School? Website Internet Search Sign Newspaper

Friend Open House --- Referred by: _____
(Please tell us who recommended FLS!)

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 Director may rescind my child's enrollment from the program. I understand all financial obligations and procedures and have been issued a handbook explaining center operations. After reading this handbook, the signed confirmation will be given to the ECE Director. All vital information (birth certificate, social security card, valid immunization record) is attached to this application, along with the \$50 (one-time) application fee, with the understanding that the \$200 annual enrollment fee and tuition will be paid before attendance begins.

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
ECE & SDC CONSENT STATEMENTS
Valid for school year 2012-2013**

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:

- ___ 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 – SUMMER DAY CAMP ONLY

We will spend a lot of time outside 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 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.

Parent/Guardian signature: _____ Dated: _____

Parent/Guardian signature: _____ Dated: _____