

# FIRST LUTHERAN SCHOOL CONSECUTIVE ENROLLMENT APPLICATION

Parent or guardian shall complete and sign this enrollment application and return it to FLS along with a **non-refundable** enrollment fee(s). Students are not considered "enrolled" until all forms are completed, signed, and the enrollment fee(s) paid.

**Save \$25 on each enrollment fee if paid in full before March 1<sup>st</sup>, 2012!**

Student Name	Grade or ECE / # of days	Enrollment Fee \$200 ECE \$250 KGN-Grade 5 \$300 Grade 6-8
		<b>TOTAL DUE :</b>
Susie Sample Johnny Sample	ECE 3 full days M-W-TH Grade 3	\$200 \$250 Total due: \$450

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip

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

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

Church Affiliation: \_\_\_\_\_ Church Attendance:  Weekly  Occasionally  Seldom

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_  
Street
City
State
Zip

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

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

Church Affiliation: \_\_\_\_\_ Church Attendance:  Weekly  Occasionally  Seldom

# EMERGENCY CONTACTS

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

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

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

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

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

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

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

List other people that may transport your child after school. 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: \_\_\_\_\_

List as EMERGENCY CONTACT Yes No \*\*\*\* CONSENT TO TRANSPORT STUDENT Yes No

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

List as EMERGENCY CONTACT Yes No \*\*\*\* CONSENT TO TRANSPORT STUDENT Yes No

**If there is a separation or divorce in the family, or if the applicant resides with a legal guardian other than parent, please complete this section.**

Name of Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

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

If separated or divorced, with which parent does child reside? \_\_\_\_\_

**Attach a copy of the court's decision regarding custody if one parent is not allowed contact or there are special circumstances regarding custody.**

Step-father: \_\_\_\_\_ Step-Mother: \_\_\_\_\_

Who is responsible for financial account? \_\_\_\_\_

I understand that tuition, lunch, student services (before and after school care) charges are due on the first of each school month. 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 paper statement will be mailed 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. Any account balance over thirty days past due may result in termination of services and collection efforts shall result. First Lutheran School understands that financial difficulties may arise and are willing to work out suitable payment arrangements with proper communication. **Please initial that you have read and understand this policy.** [Redacted] [Redacted]

*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.***

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent or legal guardian)

**First Lutheran School and  
First Lutheran Early Childhood Education  
MEDICAL RELEASE 2012-2013**

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

STATE OF TENNESSEE, COUNTY OF KNOX, SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_. My commission expires August 12, 2012.

\_\_\_\_\_  
Kim Marie Smith, Notary

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Would you rather be contacted by text message?  Yes  No Cell Phone Provider: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Would you rather be contacted by text message?  Yes  No Cell Phone Provider: \_\_\_\_\_

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 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: \_\_\_\_\_