

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 1st, 2012!

Student Name	Grade or ECE / # of days	Enrollment Fee \$200 ECE \$250 KGN-Grade 5 \$300 Grade 6-8
		TOTAL DUE :
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

.....
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.***

X _____ Date: _____
(Signature of parent or legal guardian)

X _____ Date: _____
(Signature of parent or legal guardian)

First Lutheran School KGN – 8th
CONSENT STATEMENTS
Valid for school year 2012-2013

Student's Name: _____

OVER-THE-COUNTER MEDICATION CONSENT

YES **NO** I/We authorize the staff of First Lutheran School to administer the following over-the-counter medications to the student named above. I/We understand that by checking any box, only *one dose* of medication may be dispensed per school day. *Students are not permitted, at any time, to have any medication in their possession. Exemption occurs with written doctor's orders and medical consent forms on file in the school office.* I/We agree to hold harmless and to indemnify First Lutheran School and its staff in the administration of the following medications.

DO NOT ADMINISTER ANY OTC MEDICATIONS

If you choose DO NOT ADMINISTER, phone authorization will not be accepted as consent and a parent/guardian must come to the school to administer medication to the student.

Please check the appropriate boxes below:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Acetaminophen adult strength tablets 200mg | <input type="checkbox"/> 1 tablet | <input type="checkbox"/> 2 tablets |
| <input type="checkbox"/> Ibuprofen adult strength tablets 200mg | <input type="checkbox"/> 1 tablet (recommended dosage) | |
| <input type="checkbox"/> Acetaminophen child strength liquid or fast melt | <input type="checkbox"/> recommended dosage | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Ibuprofen child strength liquid or fast melt tab | <input type="checkbox"/> recommended dosage | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Tums or generic equivalent | <input type="checkbox"/> one tablet | <input type="checkbox"/> two tablets |
| <input type="checkbox"/> Mentholated cough drops | <input type="checkbox"/> one | <input type="checkbox"/> two |

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 an incident report will be sent home with the student. If my child receives a minor injury during the school day, I/we consent to the application of the following:

- Hydrogen peroxide spray / soap and water 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)

TRIPS/TRANSPORTATION

Yes **No** I agree that extra-curricular activities are a vital part of a well-rounded education. I give my consent to First Lutheran School and its approved drivers to transport the student to activities which may be held away from FLS campus. I understand that these activities may include education field trips, cultural excursions, recreational outings, off-campus performances and school sponsored sports related activities. I understand that FLS staff and School-Approved Parent Drivers and Coaches will provide the transportation. I agree to hold harmless and to indemnify First Lutheran School, its staff, and school-approved parent drivers and coaches in the event of accident or injury while transporting students for school-related activities.

Continued on back.....

STUDENT SERVICES CENTER
(Before and after school child care program)

Yes No I agree that my child may participate in the Student Services program provided by First Lutheran School. I understand the Center is open before school from 6:30 – 8:00 am and after-school until 6:00. Center services are available as-needed. Charges are \$1.00 per quarter hour. Late charges begin at 6:01 p.m. are \$1.00 per minute per child. If your child attends the program on a day that school is closed, please send their LUNCH and a DRINK (including required utensils) as our cafeteria kitchen will be closed. The fee for a non-school day is \$40.00, operating hours are 6:30 a.m. to 6:00 p.m. late charges apply as listed above. PRE-REGISTRATION FOR NON-SCHOOL DAYS IS RECOMMENDED. NON-REGISTERED students may attend, space permitting, at a cost of \$45 per day. Registration forms are available in the school office or ECE.

PHOTOS/PUBLICITY

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.

SCHOOL DIRECTORY

Yes No 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: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____