

# FAITH LUTHERAN SCHOOL

A Ministry Outreach of Faith Lutheran Church

## Application for Admission 2010-2011

ECE – Transitional Kindergarten Program

PLEASE COMPLETE ALL INFORMATION ON ALL FOUR PAGES

Student's Name \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: **M F**  
Month / Day / Year

( ) Returning Student ( ) New Student, how did you hear about Faith? \_\_\_\_\_

Applying for Class (circle one) ECE 2 – ECE 3 – ECE 4 – Trns Kdg

My child will be attending (circle one) Part time (until 12:00 pm) Full time (until 3:30 pm)  
*(available only for children in ECE classes; Trns. Kdg. Full time only)*

After school (at 3:30), my child will be (circle one) Picked up Staying in Kids Club

New Students	Last School Attended _____ Grade _____
	Address _____ City/State _____ Zip _____
	Teacher's Name _____ School Phone # _____ Fax # _____

Home Address \_\_\_\_\_  
Street City ZIP

Alternate/  
Mailing Address \_\_\_\_\_  
(If different than home) Street/P.O Box City ZIP

Home Telephone # \_\_\_\_\_ Home E-Mail \_\_\_\_\_

*Please indicate best number to contact in case of emergency*

Father's Name \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_  
Business City/St \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail: \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Business Address \_\_\_\_\_ Business Phone # \_\_\_\_\_  
Business City/St \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### FAMILY ENVIRONMENT *(Check all that apply)*

### Names, Ages & Grades of Siblings

- ( ) Parents Married ( ) Parents Divorced/Separated  
( ) Father Deceased ( ) Father Remarried  
( ) Mother Deceased ( ) Mother Remarried  
( ) Other \_\_\_\_\_

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

Child lives with \_\_\_\_\_

**STUDENT INFORMATION**

Has your child been tested for an Attention Deficit Disorder, Learning Disability, Behavior Disorder or other related condition? Please be specific. \_\_\_\_\_

Please list any allergies, regular medication, health limitations, physical disability or condition, or mental retardation or developmental disabilities, which might restrict your child's diet or activities:

In the event I/we cannot be reached, I grant permission for a school representative to authorize emergency treatment and to transport my child to \_\_\_\_\_ Hospital or to our family doctor. I will assume full responsibility for all charges related to the above.

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

**Authorization to dispense External Preparations** [Family Child Care Rule: 290-2-3.11(1)(e)] Except for first aid, personnel shall not hand out prescription or nonprescription medications to a child without specific written authorization from the child's physician or parent. I hereby give the personnel of Faith Lutheran School to apply one or more of the following products, in accordance with directions on the container. **(Please circle all those which may be given to your child.)**

Baby Wipes	Adhesive bandages (ex. Band-aids®)	Antibiotic Cream (ex. Neosporin®)
First aid spray (ex. Bactine®)	Non-prescription ointment (ex. A&D®, Desitin®, Vaseline®)	

\_\_\_\_\_  
(Parent's Signature)

If not signed, written permission will be required each time medication is to be dispensed to the student. Forms are available in the school office and on the school website.

Has your child ever been suspended or dismissed from school or been severely disciplined for any reason? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain \_\_\_\_\_

**FOR NEW STUDENTS ONLY** Did a family of Faith Lutheran School refer you to our school? If so, please give parent's name \_\_\_\_\_

**ACADEMIC/BEHAVIOR STANDARDS:** All children attending Faith Lutheran Church and School are expected to maintain reasonable and acceptable standards of conduct and classroom demeanor, be regular in attendance, and make successful progress consistent with their ability. Faith Lutheran reserves the right to dismiss, suspend or otherwise discipline any student who does not adhere to the standards stated in the *Parent-Student Handbook*.

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

**PHOTO RELEASE:** Faith Lutheran Church and School requests your permission to photograph or video your child during the year in various school activities. Photos and/or videos will be used for possible promotional materials for Faith Lutheran Church and School and our Web Page. Please sign to grant Faith Lutheran Church and School permission to photograph or video your child.

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

I certify that the information shared on this application is true to the best of my ability. I realize if I have falsified any information, this could lead to the removal of my child from Faith Lutheran Church and School.

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

**EMERGENCY CONTACTS** (When parents cannot be reached, we MUST have two *alternate* contacts):

Name	Address	ZIP	
Relationship to child	Home Phone	Work Phone	Cell Phone

Name	Address	ZIP	
Relationship to child	Home Phone	Work Phone	Cell Phone

**PHYSICIAN** to be contacted when parents and emergency contacts cannot be reached. If there is no physician, please write "NONE" on the line below.

Name	Address	Phone
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**PEOPLE TO WHOM THE CHILD MAY BE RELEASED** (*OTHER THAN THE PARENTS/GUARDIANS AND EMERGENCY CONTACTS*) PLEASE NOTE WE NEED FULL ADDRESSES, IN ORDER TO VERIFY IDENTIFICATION.

<b>Name</b>	Address	ZIP	
Relationship to child	Home Phone	Work Phone	Cell Phone

<b>Name</b>	Address	ZIP	
Relationship to child	Home Phone	Work Phone	Cell Phone

<b>Name</b>	Address	ZIP	
Relationship to child	Home Phone	Work Phone	Cell Phone

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<b>Name</b>	Address	ZIP	
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**FAMILY WORSHIP LIFE**

Does child attend church regularly? ( ) Yes ( ) No **If Yes, where?** \_\_\_\_\_

Is child Baptized? ( ) Yes ( ) No **Child's Baptism Date:** \_\_\_\_\_

If child is not Baptized, would you like him/her to be? ( ) Yes ( ) No

**Father's Church Home Information:**

Name of Church _____	Pastor's Name _____
Church Address _____	Church Phone _____
City/State/Zip _____	Denomination _____

**Mother's Church Home Information:**

Name of Church _____	Pastor's Name _____
Church Address _____	Church Phone _____
City/State/Zip _____	Denomination _____

Would you like more information about Faith Lutheran Church? \_\_\_\_\_

