

FAITH LUTHERAN SCHOOL

A Ministry Outreach of Faith Lutheran Church

Application for Admission 2011-2012

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/ Non-custodial

Parent 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.

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

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

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

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

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

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

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? _____

TUITION AND FEES: I/We, the parents/guardians of the student, do request that our child be accepted by Faith Lutheran School for the academic year. I/We agree to make full payment of all tuition fees in the following manner (check one):

- _____ 1 lump sum payment (by August 1, 2011)
- _____ 2 equal payments (due August 1, 2011, and December 1, 2011)
- _____ 10 equal monthly payments made by automatic withdrawal from my/our bank account (August, 2011, to May, 2012.)

I/We understand and agree that Faith Lutheran School will charge me/us a \$15 per month late fee on the total amount of delinquent tuition, fees, and/or child care expenses which is 15 days past due to Faith Lutheran School. This late fee will be applied against any outstanding amount owed on the 16th day after payment was due and will continue to be applied each month on any unpaid balance as long as it or any portion of it remains an outstanding debt. I/We further understand that no records will be released from Faith Lutheran School until all unpaid balances are paid in full. Should the unpaid balance become 60 days past due, Faith Lutheran School reserves the right to refuse service or suspend student(s) until the total unpaid balance, which includes all late fees, is paid in full. A payment returned for any reason will incur a return check fee at the prevailing bank rate. **Should I/we withdraw my/our child at any time during the school year, I/we agree to give 30 days' notice; if 30 days' notice is not given, I/we understand I/we will be responsible for one month's fees.** If my account is submitted for collection for any reason, I/we will be responsible for all court costs, attorneys' fees, and collection fees incurred in collecting my debt.

KIDS CLUB AGREEMENT (THIS MUST BE COMPLETED, EVEN IF YOU ARE NOT PLANNING TO USE KIDS' CLUB):

1. I/We, the parents/guardians of the student, understand Faith Lutheran KIDS' CLUB will provide care for my child on the following days, when school is in session
 2. All ___ As Needed ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___
(Please check the time frame that best reflects the hours your child will be in before and/or after school care)
6:45am-8:00am ___ (Hourly rate applies, if not using monthly after school care)
My child will be in after school care until: *(This is available only for children in the full-time program.)* 6:00 _____ Other: _____
- The morning ECE snack is the responsibility of the parents. On school days, a hot lunch may be purchased. For ECE Children, menus are sent home so you may choose the lunches you wish to order, on a monthly basis. Afternoon snacks will be provided by KIDS' CLUB for all children. When school is closed, my child will bring a sack lunch and two (morning and afternoon) nutritious snacks.
3. I/we, the parent(s), will provide updated Immunization records on form GA-3231 to the school office.
 4. I/we, the parent(s), understand that child care fees are to be paid in advance.
 5. I/we, the parent(s), understand that there is a \$1.50 per minute, per child, late fee charged after 6:00 p.m on regular days (after 1:00 p.m. on early release days). I understand that this fee is to be paid to the child care employee on duty when I pick up my child(ren).
 6. Before any medication is dispensed to my child, I/we, the parent(s), will provide written authorization including: date, child's name, name of medication, prescription number, dosage, date and time of day medication is to be given. Medicine will be in its original container with my child's name on it and will be brought to the school office.
 7. My/our child will not be allowed to enter or leave the facility without being escorted by the parent/legal guardian, or facility personnel.
 8. I/we, the parent(s), acknowledge it is my/our responsibility to keep my/our child's record current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.
 9. The facility agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases that affect the child.
 10. Faith Lutheran School KIDS' CLUB agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water more than two (2) feet deep.
 11. I/we, the parent(s), authorize Faith Lutheran School to obtain emergency medical care for my child when I/we am/are not available.
 12. I/we, the parent(s), have received a copy of Faith Lutheran School's KIDS' CLUB Policies of Operation. I/we agree to comply with all policies and procedures. If age appropriate, I/we have explained the rules and regulations to my/our child.

I/We have read and accept the terms of enrollment, tuition and fees payments, and the Kids Club Agreement as stated above.

Signed by ***both*** parents/guardians:

Printed Name	Signature	Date
Printed Name	Signature	Date