

Enrollment Application

School Year 20_____

Date of Application: _____

There will be a \$20.00 application fee for each new student and a \$35.00 testing fee for each new student enrolling in 1st and above.

Student Information

First Name	Middle Initial	Last Name	Birth Date	Last School Attended	Grade Enrolling

Language Spoken at Home:	Pre-K3: Full / Half 5 or 3 days per week	Pre-K 4 : Full / Half	Kindergarten: Full / Half	Home / School Partnership
--------------------------	---	-----------------------	------------------------------	------------------------------

Family Information

Father (Guardian)

Mother (Guardian)

First & Last Name		First & Last Name	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone Number		Home Phone Number	
Cell Phone Number		Cell Phone Number	
Email Address		Email Address	
Employers Name		Employers Name	
Employers Address		Employers Address	
Employers Phone Number		Employers Phone Number	
Job Title/Position		Job Title/Position	

Church Information

Father (Guardian)

Mother (Guardian)

Church Name		Church Name	
Church Address		Church Address	
Pastor Name & Number		Pastor Name & Number	

Student lives with: Both Father Mother Other:

Parents (Guardian) Statement

The non-refundable application fee of \$20.00 per new student, must accompany this form. This Application for enrollment at Zion Lutheran School is an expression of intent only, and is not binding upon the family or school. It is also understood that any offer of enrollment subsequently accepted is contingent upon the essential accuracy of the statements made in this Application. The testing fee of \$35.00 per new student enrolling in 1st grade or higher is to be paid in full on or before the day of testing. Upon admission to ZLS the total costs associated with above named students is the responsibility of the signor of this agreement. Upon acceptance to ZLS parents agree to read and follow the policies listed in the Parent & Student Handbook.

Signature of Parents (Guardian)

Date

EMERGENCY CONTACT /MEDICAL FORM

Student Information

Student Name	Date of Birth	Grade	Tylenol Y/N	Ibuprofen Y/N

Medical Information

Student	Allergies	Medical Conditions

Emergency Contacts

	Pick up
First & Last Name	First & Last Name
Phone Number: Pick up Y/N	First & Last Name
First & Last Name	First & Last Name
Phone Number: Pick up Y/N	First & Last Name

Physician / Dentist / Insurance Information

Physician	Address	Phone
Dentist	Address	Phone
Insurance Co	Policyholder Name	Policy Number

In the event our child becomes ill or sustains injury while in the care of Zion Lutheran School and the school is unable to reach us, we give our permission to Zion Lutheran School to provide emergency medical care, including taking my child to the hospital or calling an ambulance. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires. The expense of any medical treatment my child receives will be my responsibility. Zion Lutheran School will be held harmless. Medical Authorization Form must be billed out to be put in child's record when any prescription, or OTC medication (given regularly) is to be given during the school day. I understand that in the event of an emergency, every effort will be made to contact me. If it is not possible to contact me, or distance does not make it possible for me to be present, I hereby authorize Zion Lutheran School to obtain necessary emergency treatment. I further agree to pay for said treatment. Copies of this authorization, when carried by Zion Lutheran School personnel, shall have the same force as the original.

Acknowledged and Agreed to by: _____ Signature of Parent (Guardian)

Permission and Release

Student Name: _____ Date: _____
 Student Name: _____ Date: _____
 Student Name: _____ Date: _____

Field Trip Permission

I give permission to Zion Lutheran School for my child to be taken on field trips or excursions by van, school bus, or private motor vehicle under required supervision. Car seats and/or booster seats will be required as directed by law.

Yes No Initials _____

Media Permission

I give permission to Zion Lutheran School to use images of my child for newspaper, internet, newsletters, etc.

Yes No Initials _____

Permission To Contact via SMS or Mass Email

Zion Lutheran School uses mass email and SMS messages to keep in close contact with parents. I wish to have both parents added to these lists.

Yes No Initials _____

Special Services

Child is on an IEP or 504 plan from Idaho or any other state. Name:

Yes No Initials _____

If yes please provide a copy of either with this application. Please understand that Zion Lutheran School does not provide any Special Ed classes or services. We will do our best to serve all children, however, if the director feels that the needs of your child are beyond a reasonable level of accommodation we will not be able to enroll the child.

Has your child ever been held back/retained or been advised to do so? Name:

Yes No Initials _____

AFTER SCHOOL CARE

After School Care is a program here at Zion Lutheran School that provides a safe environment for your child(ren) after school hours. It is available from 3:00 p.m. to 6:00 p.m. on school days. Please fill out this form if you'd like to utilize this program. It helps us plan for appropriate staffing and snacks. Thank you!

Parent Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:

Student Information

Name:	Grade:
Name:	Grade:
Name:	Grade:
Name:	Grade:

Days & Times Needed

	Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm - 4:00pm					
3:00pm - 5:00pm					
3:00pm - 6:00pm					

Rates

One Child	\$4.50 first hour, \$4.00 per hour after first hour
Two Children	\$7.00 first hour, \$6.00 per hour after first hour
Three Children	\$9.50 first hour, \$8.00 per hour after first hour
After Child Watch Closes	\$1.00 per minute after 6pm per child

All After School Care students are charged for the first hour (3:00 p.m. to 4:00 p.m.) regardless if they leave before 4:00 p.m. After the first hour; however, we bill in 30 minute increments. **If you use this program, watch for monthly bills via FACTS Tuition Management. Your account must be current to ensure on-going participation.**

Agreed to by: _____

Date: _____