

# Application for Preschool Enrollment and Emergency Contact Form 2018-2019

*Along with this form a copy of completed Colorado Immunization Form must be forwarded to the school office before consideration for acceptance.*

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F \_\_\_\_\_ Is Child Potty Trained Y or N \_\_\_\_\_  
 Is Child Baptized \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Church Membership: \_\_\_\_\_

★ Daycare is Available for Starred Classes \_\_\_\_\_ Yes, I Need Daycare \_\_\_\_\_ No Daycare Needed

**Please mark your class preference: Classes may be combined due to enrollment numbers.**

- |  |   |
|--|---|
| ___ ★ 3 yr - 5 day M-F 8am-11am (3 yrs old by 9/15/18) | ___ ★ 4 yr - 5 day M-F 8am-11am (4 yrs old by 9/15/18)  |
| ___ 3 yr - 3 day M,W,F 8am-11am (3 yrs old by 9/15/18) | ___ 4 yr - 3 day T,W,Th 8am-11am (4 yrs old by 9/15/18) |
| ___ 3 yr - 2 day T, Th 8am-11am (3 yrs old by 9/15/18) | ___ 4 yr - 3 day M,W,F 8am-11am (4 yrs old by 9/15/18)  |
|  | ___ 4 yr - 3 day T,W,Th 12pm-3pm (4yrs old by 9/15/18)  |



### Parent/Guardian 1

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Parent/Guardian 2

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child Lives With: \_\_\_ Both Parents \_\_\_ Mother Only \_\_\_ Father Only \_\_\_ Shared \_\_\_ Guardian

**Please describe any special parenting arrangements that would be helpful for the school to know:**

Additional emergency numbers and persons authorized to take my child/student from school or to be called in an emergency. Please list in the order that you wish us to call. \*Parents will always be called first.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship: \_\_\_\_\_

Zion Lutheran School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration of our educational policies, admissions policies, scholarships, athletics, or other school administered programs.

**OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ (Application continues on the back)  
 Amount Paid: \_\_\_\_\_ Initials: \_\_\_\_\_





Identify and summarize specific health conditions and/or behavioral problems that your child experiences or has experienced at home or at other schools. Please list conditions that we should be aware of: heart, respiratory, drug reactions, allergies, medications, etc:

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

N/A \_\_\_\_\_

Identify and summarize specific academic problems your child experiences or has experienced at home or at other schools:

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

Zion Lutheran School is a ministry of Zion Lutheran Church. As an agent of Zion Lutheran Church, the school is authorized to enter into this agreement.

- I hereby permit the school and/or its agents to take my child to functions, lunches, sports outings, and other field trips beyond the church/school grounds. I understand that I will be given prior notification of trips requiring motor transportation by car/bus. In transporting my child by motor vehicle to and from these activities, I release the school from any and all liability in the event my child is injured during an accident associated with the school or its agents. \_\_\_\_\_ Initials
- In the acceptance of my child as a student at the school, and having satisfied myself that supervision and attention to safety are prudent and reasonable, I agree to indemnify, defend and hold harmless the school and its agents, employees and representatives against any and all claims and demands (including legal fees) made by me, my spouse or the child's legal guardian. \_\_\_\_\_ Initials
- If my child has a clinical, chronic health condition, it is my responsibility to submit a Care Plan, which stipulates special needs. NOTICE: Initial and continued enrollment in the school is subject to approval of an appropriate Care Plan when medically necessary as determined in the sole discretion of the school. The principal/teacher of the school, in consultation with medical personnel, shall make a determination as to the suitability and effectiveness of any Care Plan and shall reserve the right to withdrawal any child from the school at anytime. Notification of enrollment acceptance may be given before receipt or acceptance of any Care Plan for purposes of placement and enrollment count. However, no enrollment shall be guaranteed until any necessary Care Plan is approved. \_\_\_\_\_ Initials
- I understand it may be necessary for the school to communicate about my child's health directly to my child's teachers, in which case I will permit the school to use its discretion in communication about my child's health to his/her teachers. \_\_\_\_\_ Initials
- In case of illness or accident, I give the school permission to provide any emergency care (911) for my child deemed necessary, including, but without limitation, treatment by public or private facilities or personnel. It is understood that a conscientious effort will be made to locate me (or the emergency contact persons designated by me) before any action is taken. I accept and agree to pay any charges incurred by the school for such care. \_\_\_\_\_ Initials
- I hereby permit the school to allow my child to view television and videos within reasonable limits as deemed beneficial by the school. Viewing will be done in accordance with the curriculum, with specific learning purpose and/or for recreation. I understand videos shown to my child will be rated "G." \_\_\_\_\_ Initials
- I hereby permit the school to use pictures taken at the school or in school related activities, in which my child may appear, for purposes of public relations (i.e. newspaper articles, films, slide presentations, and the school web site). Under no circumstances will my child's name be used with the picture except in the school yearbook. \_\_\_\_\_ Initials
- I have read and understand the Parent/Student handbook and agree to follow its guidelines. \_\_\_\_\_ Initials
- I understand that a check for applicable registration fees should be made payable to Zion Lutheran School. This fee will be refunded **ONLY IF WE CANNOT PLACE YOUR CHILD.** \_\_\_\_\_ Initials

Please invoice me by: \_\_\_\_\_ Email \_\_\_\_\_ Mail

I have read and understand this Waiver and Indemnity Agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions, which I have initialed, contained herein. I further attest that I have full authority as parent or legal guardian of the above child to enter into this agreement.

Father's or Male Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's or Female Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_