



Zion Lutheran School (Preschool)

Application for Preschool Enrollment and Emergency Contact Form 2019-2020

*Please complete both sides of form and return form to the school office. 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

This application is for enrollment in:

★ Daycare is available for starred classes _____ Yes I need daycare _____ No I do not need daycare

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

- | | |
|--|--|
| <p>____ ★ 3 yr - 5 day M-F 8am-11am (Must be 3 yrs old by 9/15/19)</p> <p>____ 3 yr -3 day M,W, F 8am-11am (Must be 3 yrs old by 9/15/19)</p> <p>____ 3 yr - 2 day T, TH 8am-11am (Must be 3 yrs old by 9/15/19)</p> | <p>____ ★ 4 yr- 5 day M-F 8am-11am (Must be 4 yrs old by 10/1/19)</p> <p>____ 4 yr- 3 day T,W,Th 8am-11am (must be 4 yrs old by 10/1/19)</p> <p>____ 4 yr- 3 day M,W,F 8am-11am (must be 4 yrs old by 10/1/19)</p> <p>____ 4 yr- 3 day T,W,Th 12pm-3pm (must be 4yrs old by 10/1/19)</p> |
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Is child baptized? YES/NO Date of Baptism: _____ Name and location of baptizing church: _____
 Home Phone Number _____ Church Membership: _____
 Do we have permission to publish Phone #: _____ Yes _____ No

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: _____
 Employer: _____ Work phone: _____
 Email address: _____ Cell phone: _____

Physician Name: _____ Physician Phone: _____
 Insurance Company: _____ Policy Number: _____

Children live 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: _____
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 you child experiences or has experienced at home or at other schools:

N/A _____

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 disenroll 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: _____