

ZION LUTHERAN SCHOOL
SUMMER EXTEND CARE: 2021
REGISTRATION FORM

PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE & IMMUNIZATION RECORDS

Child's Name _____
(Last) (First) (Middle)

What do you wish for your child to be called at school? _____

_____ Male _____ Female Birthdate _____

Church Membership _____ Has your child been baptized? _____

Legal Father _____ Employer _____

Legal Mother _____ Employer _____

Status of Parents' relationship

Married Divorced Widowed Never Married

Alternative Family Information (step-parents, adoptive parents, guardians, etc.)

Does the child live with both legal parents? Y N

If no, please explain _____

Current Mailing Address _____

City State Zip code

Home Phone _____

MOM Work Phone _____ DAD Work Phone _____

MOM Cell Phone _____ DAD Cell Phone _____

Cell Phone Provider _____ Cell Phone Provider _____

Email Address Mom _____ Email Address Dad _____

Please indicate the days your child will be attending Extend Care:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Extend Care Hours of operation are Monday through Friday 6:30 a.m. to 5:30 p.m.

Please complete this form and return as soon as possible to hold your spot in the Extend Care program. Extend Care will be filled based on registration receipt date.

OVER

Scripture Instruction in the Classroom

Thank you for your interest in our school. Zion Lutheran School has an admissions policy that opens the school to families who are spiritually like-minded, who are supportive of our philosophy, objectives, and standards of education, and whose children meet our enrollment standards. Our purpose is to serve families who desire not simply a private education, but a distinctly Christian education for their children.

Before applying for admission to our school, please read the Zion Lutheran School handbook provided in the enrollment packet. The handbook will introduce you to many of the school's policies, procedures, and expectations for both parents and students.

The first several pages of the handbook explain our religious purpose, mission, and beliefs. Zion Lutheran School is a ministry of Zion Lutheran Church, which is a member of the Lutheran—Church Missouri Synod. As a member congregation (and its associated school), we believe, teach, and confess without reservation the doctrines (teachings) of God's Word (the Holy Scriptures) and practice them in every area of our school ministry.

For example, if a question regarding biblical lifestyles arises in chapel or in your child's classroom, the pastor/teacher will answer from a biblical viewpoint consistent with our mission and belief statement. If your beliefs and lifestyle choices are not in agreement with our beliefs, the teacher's answer may create conflict in your child's heart and mind.

You may learn more about our biblical teachings through our church website (zionseymour.org) and especially through the LCMS website (lcms.org). You may also contact Zion's pastor for more information or to discuss any concerns that you may have about our teachings.

Biblical principles are integrated into all subject matter taught at our school. Our staff is committed not only to academic excellence, but also to teaching students how to apply the truths of God's Word to every aspect of life. If you are supportive of the teachings as outlined above and on the websites referenced, our school will complement the beliefs and ideals your child is taught at home. We look forward to partnering with you to educate your child in God's truth.

I (we) understand it is a privilege to send our child to Zion Lutheran School and we shall support the principles, practices, and educational policies of the school in every way.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Parent Authorization

1. I authorize the school to release information about my child for further education and/or treatment.
 Y N
2. I authorize the school to act in case of illness or injury if I cannot be reached.
 Y N
3. I authorize the school to use pictures which include my child.
 Y N
4. I agree to have my name and phone number included on the parent roster.
 Y N
5. I agree to allow my child to take supervised trips to other areas of the church building and grounds with a teacher or teacher's assistant (chapel, back yard).
 Y N
6. I agree to allow teachers or staff to apply antibiotic ointment to minor cuts and scrapes.
 Y N
7. I have read and agree with the Behavior Policy.
 Y N
8. I have read and agree with the Bullying Prevention Policy.
 Y N
9. I have read and agree with the policies and procedures as outlined in the Parent Handbook.
 Y N

Parent Signature _____

Office Use Only. Parents: Do NOT fill out this section.

Date Application Received _____

Registration Fee \$ 50.00

Check number _____