



ZION LUTHERAN SCHOOL
2022 – 2023 REGISTRATION FORM

Your child must be the appropriate age by August 1, 2022

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

I am registering my child for: _____ First Grade _____ Kindergarten

(Child’s First Name) (Middle) (Last)

_____ Male _____ Female Birthdate _____ Has your child been baptized? _____

Address City Zip code

STUDENT LIVES WITH:

_____ Parents _____ Mother & Stepfather _____ Mother
_____ Father _____ Father & Stepmother _____ Grandparents
_____ Guardian

If parents are divorced, custody was granted to: _____ Joint _____ Mother _____ Father

MOM Name _____ DAD Name: _____

MOM Work Phone _____ DAD Work Phone _____

MOM Employer _____ DAD Employer _____

MOM Cell Phone _____ DAD Cell Phone _____

Email Address Mom _____ Email Address Dad _____

Church Membership _____

Are you enrolling any other child in our school? _____ YES _____ NO If Yes, which Class? _____

Did your child attend Preschool/Kindergarten last year, if so where? _____

Does your child have any Allergies? If YES, please List: _____

AUTHORIZED PICKUP PERSONS

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT AUTHORIZATION

- I authorize the school to release information about my child for further education and/or treatment.
() Y () N
- I authorize the school to act in case of illness or injury if I cannot be reached.
() Y () N
- I authorize the school to use pictures which include my child.
() Y () N
- I agree to have my name and phone number included on the parent roster.
() Y () N
- 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
- 10. I give ZLS, permission to access the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).
 Y N If checked "No" please supply ZLS with a copy of current Immunization records.

Parent Signature _____

RECEIPT OF PARENT HANDBOOK

My signature below certifies that I have read and understand the Parent Handbook at Zion Lutheran School. Furthermore, my signature certifies that I agree to abide by all the policies adopted by Zion Lutheran School. I also understand that failure to abide by these policies could result in the termination of care for my child/children. Policies included but not limited to: Behavioral policy, Scripture in the Classroom and Transportation policies.

Parent Signature

Date

Child's Name

EMERGENCY INFORMATION

In case of emergency, we will contact the parents first.
 If needed, may you or your spouse be contacted at work? Yes _____ No _____
 If we cannot reach the parents, we will then try to contact the following:

Name	Phone	Relationship

Signature of Parent/Guardian _____ Date _____

DAYCARE ENROLLMENT

I plan on using the before/after school services of Zion School _____ Before _____ After
 How many days would your child be in attendance? Circle One 1 2 3 4 5
 Day's child will be in attendance for before/after school? Please Circle M T W TH F

SUMMER DAYCARE ENROLLMENT _____ YES

How many days would your child be in attendance? Circle One 1 2 3 4 5
 Day's child will be in attendance for daycare? Please Circle M T W TH F

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

Date Application Received _____	Check number _____
Registration Fee \$ _____	Cash/Online Payment