

Grace Lutheran Preschool Application for Admission

Date: _____

PS- Non-Refundable, Per Student, Enrollment Fee \$125

For Office Use: Date rec'd: _____
Time rec'd: _____
EF Paid: _____

STUDENT'S Name _____
Last First Middle Nickname Date of Birth

Gender: M F

Home Address: _____
Street City State Zip

Desired Start Date: _____

Applying For (circle one): BP- 2 year olds JP - 3 year olds SP - 4/5 year olds PK - 4/5 year olds

If Choosing Beginner Preschool -BP √ choice: <input type="checkbox"/> 8:30 AM - 11:30 AM - Morning <input type="checkbox"/> 6:30 AM - 12:30 PM - Half Day <input type="checkbox"/> 6:30 AM - 6:00 PM - Full Day Days Needed: M T W TH F

If Choosing Jr. or Sr. Preschool - JP or SP √ choice: <input type="checkbox"/> 8:30 AM - 11:30 AM - Morning <input type="checkbox"/> 6:30 AM - 12:30 PM - Half Day <input type="checkbox"/> 6:30 AM - 6:00 PM - Full Day Days Needed: M T W TH F
--

If Choosing PreKindergarten - PK or PK+ √ choice: <input type="checkbox"/> 8:15 AM - 3:00 PM - PK <input type="checkbox"/> 6:30 AM - 6:00 PM - PK+ Full Day This is a 5 day a week program.
--

Father's Name _____
Home Address (if different from above) _____
Home Phone _____ Cell Phone _____
Email Address _____ Work Phone _____
Occupation _____ Employer _____

Mother's Name _____
Home Address (if different from above) _____
Home Phone _____ Cell Phone _____
Email Address _____ Work Phone _____
Occupation _____ Employer _____

Parent's Status Married Separated Divorced Single Parent Parent & Step Parent
 Father and/or Mother Deceased

Who is financially responsible for tuition and fees? _____

Who does the student live with? _____

Describe custody arrangements (if applicable) _____

Please list the names and ages of any other children living in the home: _____

EMERGENCY CONTACT & AUTHORIZED PICK-UP PEOPLE *IF YOU CANNOT BE REACHED* ★ PLEASE PRIORITIZE THE LIST WITH ORDER OF FIRST CONTACT IN THE EVENT OF ILLNESS OR EMERGENCY

Name(s)	Relationship to Student	Phone Number/Type
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Continued on Back

Family Worship Life

The Church your family attends: _____ Pastor's Name: _____

We have no church home at this time: _____ Is your family active in your church? Yes No

Is your child Baptized? Yes No If yes, Baptismal date: _____ If no, would you like information on Baptism? Yes No

School History

Most recent school: _____ Teacher's Name: _____

Has your child ever attended Grace Lutheran School? _____

Has your child ever been suspended, expelled or dismissed from school? _____ If yes, explain the circumstances: _____

Please indicate any special circumstances that may have affected the educational process of your child, i.e.; extensive travel, illness, grades repeated, diagnosed learning difficulties, etc. _____

What prompted your consideration of Grace Lutheran School? _____

Did someone refer you to Grace Lutheran School? Yes No If yes, please list who we may thank: _____

MEDICAL AND EMERGENCY INFORMATION

ALLERGIC to

FOODS: _____

MEDICATIONS: _____

Please explain or list any special information emergency caregivers should know: _____

Please list all current medications your child is taking and for what purpose: _____

Has your child ever had any serious illness? Yes _____ No _____ If yes, explain fully: _____

Does your child have any physical or emotional difficulties? Yes No If yes, explain fully: _____

If there is a life threatening injury or illness, please check your preferred hospital:

Doctor's Medical Center

Memorial Hospital

Kaiser

Other (describe below): _____

California Civil Code 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment, to wit: Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to X-ray examination, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under general or special supervision and advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or consent to X-ray examination, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to said minor by a dentist licensed under the provisions of the Dental Practice Act. Pursuant to the provision above, consent is given to representatives of Grace Lutheran Church and School to obtain emergency medical, hospital or dental care for my child, _____, in the event of injury or illness while my child is at school. I agree that I am financially responsible for any expenses from this emergency care.

Parent Signature: _____ Date: _____

Ethnicity of child (used only for statistical reporting), please one:

American Indian

Asian

Black

Caucasian

Hispanic

Other: _____

- Grace Lutheran School (GLS) welcomes all applicants and is operated on a non-discriminatory basis, according equal treatment and access to service without regard to race, color, national origin or ancestry.
- Consent is given to GLS to use photo images/videos of my child WITHIN the GLS community, i.e., newsletters, calendars, bulletin boards, etc. _____ (Parent's Initials)
- Consent is given to GLS to use photo images/videos of my child to be used OUTSIDE the school community, i.e. promotional brochures, social media, website, newspaper, or other media releases. I understand that my child's name will never be attached to their photo when presented to the community. _____ (Parent's Initials)

Parent Signature: _____

Date: _____