



**Immanuel
Lutheran
Frankentrost**

Enrollment Form

Student Information

Full Name: _____ Grade Entering _____

Date of Birth: ___/___/_____ Male: ___ Female: ___ (check one)

Race: American Indian/Alaska Native ___ Asian ___ Black/African American ___ Hispanic/Latino ___
White ___ Two or More Races ___ Native Hawaiian/Pacific Islander ___ Prefer Not To Answer ___

Ethnicity: Non-Hispanic ___ Hispanic ___ Prefer Not To Answer ___

Contact Information

Full Home Address: _____

Child Lives with: Both Parents: ___ Mother only: ___ Father only: ___ Guardian: ___ (check one)

Mother and Father are... Married: ___ Separated: ___ Divorced: ___ Widowed: ___

Please address any custody concerns: _____

Primary Phone Number: (_____) _____ - _____ Is this Phone Number: Home: ___ Mom Cell: ___ Dad Cell: ___

Home Phone Number: (_____) _____ - _____ Your Cell Phone Provider Is: _____

Family Information

Sibling Name: _____ Age: ___ Grade: ___ School: _____

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Religious Affiliation

___ Yes ___ No Does your family hold membership in a congregation? Where? _____

___ Yes ___ No Does your child attend religion classes or Sunday School?

___ Yes ___ No Has your child been baptized? Date _____ Where? _____

___ Yes ___ No If you are not members of a local congregation, Immanuel would like to invite you to become an active part of our church. Are you interested?

Immanuel Evangelical Lutheran Church, School and Child Care
The Love of Christ – in Word and Deed – at Home, Community and World

Medical Information

Doctor's Name: _____ Phone Number: (_____) _____ - _____

Preferred Hospital: _____ Insurance: _____

Insurance Policy Number: _____ Policy Holder Name: _____

Please indicate if there has been any medical trauma since birth or any condition the child may have now that would be beneficial for us to know. Please indicate items like premature birth, birth trauma, a sustained illness, asthma, allergies, developmental delays, etc. _____

Medical Treatment Permission

In the event of a medical emergency, I hereby give Immanuel Lutheran Church and School and her employees' permission to seek emergency medical and/or emergency surgical treatment for my child as necessary.

Student Name: _____ Parent Signature: _____

Photo Publication Permission

I grant Immanuel Lutheran Church and School permission to publish my child's photo in the local newspaper, on the church and school website, and school social media sites.

Student Name: _____ Parent Signature: _____

Field Trip Permission

I hereby give permission to Immanuel Lutheran Church and School to have my child transported in a vehicle, according to state and federal law. I also give my child permission to participate in field trips.

Student Name: _____ Parent Signature: _____

General Permissions

To whom may we release your child?

First & Last Name: _____ Relationship: _____

First & Last Name: _____ Relationship: _____

First & Last Name: _____ Relationship: _____

First & Last Name: _____ Relationship: _____

First & Last Name: _____ Relationship: _____

Does your child have permission to walk or ride a bike to and from school? Yes: ____ No: ____

May we publish your Contact Info in the Parent-Teacher League Handbook? Yes: ____ No: ____

Mother Information

First and Last Name: _____

Home Address, if different than child: _____

Primary Phone Number: (____) ____-____ Home Phone Number: (____) ____-____

Mom Cell Phone Number: (____) ____-____ Does this line allow for texting? ____

Cell Phone Provider: _____ Email Address: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

Work Phone Number: (____) ____-____

Spouse Contact Info, if other than Father: Name: _____

Cell Phone Number: (____) ____-____ Does this line allow for texting? ____

Email Address: _____

Employer: _____ Occupation: _____

Work Phone Number: (____) ____-____

Father Information

First and Last Name: _____

Home Address, if different than child: _____

Primary Phone Number: (____) ____-____ Home Phone Number: (____) ____-____

Dad Cell Phone Number: (____) ____-____ Does this line allow for texting? ____

Cell Phone Provider: _____ Email Address: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

Work Phone Number: (____) ____-____

Spouse Contact Info, if other than Mother: Name: _____

Cell Phone Number: (____) ____-____ Does this line allow for texting? ____

Email Address: _____

Employer: _____ Occupation: _____

Work Phone Number: (____) ____-____

Emergency Contact Information

1. First & Last Name: _____ Relationship: _____

Primary Phone Number: (_____) _____ - _____

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____ Does this line allow for texting? _____

Work Phone Number: (_____) _____ - _____

2. First & Last Name: _____ Relationship: _____

Primary Phone Number: (_____) _____ - _____

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____ Does this line allow for texting? _____

Work Phone Number: (_____) _____ - _____

3. First & Last Name: _____ Relationship: _____

Primary Phone Number: (_____) _____ - _____

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____ Does this line allow for texting? _____

Work Phone Number: (_____) _____ - _____

How did you hear about Immanuel?

____ Member of Immanuel Church

____ Family or friend

____ Know someone through child care

____ Other (please specify: _____)

Please submit the following with this form:

- \$30 enrollment fee
- Health Appraisal
- Parent Handbook Agreement (last page of handbook)
- Copy of the child's Birth Certificate (we can make a copy for you)
- Financial Assistance Form, if applicable
- Concussion Form
- Payment Plan Agreement (4 year preschool through eighth grade families)