



Check List – New Students

Items supplied by parents:

- _____ Birth Certificate
- _____ Immunization Record
- _____ Custody Papers, if applicable
- _____ Registration Fee – paid to the school

(Tuition payment plans must be set up at tinyurl.com/ILSfacts. Please note that registration fees are non-refundable and tuition payments are assessed on a monthly basis. If a child is withdrawn from school for any reason, ILS will not refund tuition costs for any month in which the child was enrolled.)

These Forms included in your packet:

- _____ Application
- _____ Emergency Medical Form
- _____ Physical Form (Pink) filled out by Dr.
- _____ Childcare Registration
- _____ Record Release for those entering grades 1-8
- _____ Signature Sheet – Gold

For Transportation – go to hamiltoncity.com or talawandaschools.com



Immanuel Lutheran School

1285 Main St., Hamilton, Ohio - 513.892.9212 or 513.895.0888

Student's Name _____

Home Address - Street _____

E-mail addresses _____

City _____ State _____ Zip _____ Main Phone # _____

Child's Social _____ Date of Birth _____ Place of Birth _____

Baptized: Yes No Date _____ Child's Church Membership _____

Has child ever been:

___ Suspended? ___ Expelled? ___ Had academic or social problems? If so, why?

Please check below the grade your will be entering:

<input type="checkbox"/> 2 Day Preschool	<input type="checkbox"/> All Day Kindergarten	<input type="checkbox"/> Fourth Grade
<input type="checkbox"/> 3 Day Preschool	<input type="checkbox"/> First Grade	<input type="checkbox"/> Fifth Grade
<input type="checkbox"/> 5 Day Preschool	<input type="checkbox"/> Second Grade	<input type="checkbox"/> Sixth Grade
<input type="checkbox"/> Half Day Kindergarten	<input type="checkbox"/> Third Grade	<input type="checkbox"/> Seventh Grade
		<input type="checkbox"/> Eighth Grade

Specific public school your child would attend if not enrolled at Immanuel:

(Example – Hamilton City, Lincoln Elementary) _____

How did you hear about our school? _____

Check One:

___ I plan to have my child attend Immanuel for preschool only.

___ I am interested in my child attending beyond preschool, she he/she adapt well.

___ I am undecided at this time.

My child will use bus service (K-8) Yes No

Do you need our childcare services? Yes No Part-time Full-time

Father's Name _____	Mother's Name _____
Address _____	Address _____
Main Phone _____	Main Phone _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Church Membership _____	Church Membership _____
Social _____	Social _____

OUR PLEDGE AS PARENTS:

- We will support, uphold, assist and pray for our child as he/she attends Immanuel Lutheran.
- We will seek to cooperate and communicate with the school staff in all matters regarding our child.
- We will agree to pay all fees and tuitions promptly as due, with all payments completed by the last day of the school year, unless previously arranged with the principal or admissions counselor.
- We agree to discuss any disagreements or problems with policies, procedures or our child's performances only with the teacher, principal and Board of Education.
- I agree to have my child's name, parents' names and telephone number (as listed on your child's registration form) included on the required rosters, which will be made available upon request to each family in the program. Yes No

Signature of Parent _____ Date _____

All admissions are on a six-week trial basis. *Immanuel Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.*



Immanuel Lutheran School

1285 Main Street

Hamilton, Ohio 45013

(513) 895-9212

Emergency Medical Authorization Form

It is very important that this form is filled out completely and that the school and/or childcare are updated with any changes to this form throughout the school year. This allows us to reach you should your child become ill or injured while he/she is under our care.

General Information:

Student Name: _____ Grade: _____

Address: _____

(Street)

(City)

(Zip Code)

Student Date of Birth: _____ Primary Telephone Numbers: _____

Currently enrolled in childcare at Immanuel Lutheran? YES NO (Please circle one)

Residential Parent or Guardian:

Parent or Guardian #1: _____ Primary Phone Number: _____

Parent or Guardian #2: _____ Primary Phone Number: _____

If you can't reach me, contact the following people in the order listed.

1. Name _____ Primary Phone Numbers: _____

Address _____

2. Name _____ Primary Phone Numbers: _____

Address _____

3. Name _____ Primary Phone Numbers: _____

Address _____

Medical History Please list the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted _____

Does your child have any of the following difficulties? (Please check and give more detail below)

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Anemia/Blood Disorder | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart problem |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Recent weight gain | <input type="checkbox"/> Asthma or Respiratory problems |
| <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Orthopedic condition | <input type="checkbox"/> Emotional or psychological issues |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Eczema or skin problems |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Allergies (List below)** | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Premature birth | <input type="checkbox"/> Seizures | <input type="checkbox"/> Low Blood Sugar |
| <input type="checkbox"/> Muscle Disorder | <input type="checkbox"/> Special Dietary needs | <input type="checkbox"/> Learning Difficulties |

CUSTODY RESTRICTIONS:

The following person(s) are authorized to pick up my child. No one will be allowed to pick up my child without prior permission in the form of written consent or verbal contact with school personnel. I understand that a photo I.D. will be required from anyone on this list:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

*The following individuals **DO NOT** have permission to pick up my child:*

- 1. _____ 3. _____
- 2. _____ 4. _____

Please provide a copy of any custody restrictions imposed on a non-custodial parent, otherwise we are obligated to release the child to a parent with their signature.

Please fill out **ONE** of the following:

Consent to treat in the event of an emergency:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the transfer of my child to the nearest hospital, and consent to the administration of any treatment deemed necessary by the below listed medical professionals, or, in the event the designated professionals are not available, by another licensed medical professional. This authorization does not cover major medical surgical procedures.

Physician: _____ Phone: _____
 Dentist: _____ Phone: _____
 Medical Specialist: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Refusal to consent:

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions:

Signature of Parent/Guardian: _____ Date: _____

Immanuel Lutheran Childcare Application



Where **YOUR children are treated like **OUR** family!**

1285 Main St., Hamilton, Ohio 45013 - 513.895.9212 or 895.0992

How did you hear about our childcare? _____

Child's Name _____ Grade _____ Start Date _____

School your child attends if different than Immanuel _____

Age _____ Child's Social Security # _____ Church You Attend _____

Mother's Name _____ Social Security # _____

Mother's address _____

Mother's place of employment _____

Father's Name _____

Father's address, if different _____

Father's place of employment _____

Any other information we should know _____

Former childcare including address _____

Check days and list times you will need childcare:

M _____ time T _____ time W _____ time Th _____ time F _____ time

I agree to have my child's information listed on the required rosters which will be made available to other parents upon request (for birthday party invitations, etc.) _____ Yes _____ No

All admissions are on a six-week trial basis. Immanuel does not discriminate on the basis of race, color, national or ethnic origin in admission of students.

Signature of Parent _____ Date _____

IMMANUEL LUTHERAN SCHOOL

1285 MAIN ST.

HAMILTON, OHIO 45013

Parent's Consent for the release of records

Student's Name _____

Date of Birth _____ Grade _____

Address _____

You are authorized to release records from:

School Name _____

Address _____

Reason for request _____

Specific records to be released:

____ Academic Progress

____ Achievement Test Results

____ Attendance

____ Behavior

____ Birth Certificate

____ Custody Paperwork

____ Health & Immunization

____ Psychological

____ Speech & Hearing

I hereby authorize the release of the above school records regarding my child to Immanuel Lutheran School.

Signed _____ Date _____

2017 - 2018 School Year Signature Sheet

Please initial each space as well as sign at the bottom. Return this form no later than the first day of school.

_____ **My child has permission to go on any field trip during the school year. I understand I will be notified through the weekly newsletter in advance of each trip.**

_____ **I understand I must supply a car seat for any field trip according to Ohio Law.**

_____ **I give my permission for my child's photo to be taken during various school events. The photo may be used for publicity purposes in the newspaper, website, or Facebook page. No names will be listed on internet sites.**

_____ **I understand in order to be informed I must read the weekly newsletter.**

_____ **I am aware that my child needs an annual sports physical to participate in ILS athletics.**

_____ **I understand and will see that my child abides by the dress code.**

_____ **I will provide my e-mail address to receive school updates and announcements _____**

_____ **I understand that I must check the box that best describes my child as it is required information on state reports.**

White, Non-Hispanic

Multi-Racial

**Hispanic or Latino
Ethnicity**

**Black or African American, Non-
Hispanic**

**American Indian or
Alaskan Native**

**Native Hawaiian or
Other Pacific Islander**

Asian

Other

Child's Name _____ **Grade** _____

Parent's Signature _____ **Date** _____