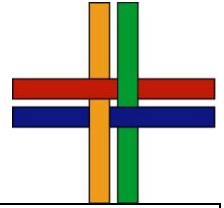


ZION LUTHERAN SCHOOL OF KEARNEY

KINDERGARTEN REGISTRATION FORM

2012-2013 ACADEMIC YEAR



Student's Last Name:		First:	Middle:	Student SSN: (required)
Gender: Male / Female		Birth date:		Returning Student: Yes / No
Race: African-American American Indian Asian Caucasian Pacific Islander			Ethnicity: Hispanic/Latino Non-Hispanic/Latino	
Street Address:		City, State:		Zip:
Home Phone:	Carrier: (To send text notifications)	Primary Email:	Secondary Email	
Place of Birth:		Home Church:		
Date of Baptism:		Parents' Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other		
Previous School (if applicable):				
Father's name: (first, middle and last)		Mother's name: (first, middle and last)		
Father Work:		Mother Work:		
Father Work Phone:		Mother Work Phone:		
Father Cell Phone:	Carrier:	Mother Cell Phone:	Carrier:	
Brothers/Sisters (Names and Ages):				
EMERGENCY CONTACT INFORMATION (To be used only in the event that the parent cannot be reached)				
Name:		Phone:	Relationship:	
Name:		Phone:	Relationship:	
Name:		Phone:	Relationship:	
Child's Physician:		Phone:	Others who have permission to pick your child up from school:	
Special needs, disabilities, allergies, etc. the child has:				
<p>In the event that your child needs emergency medical attention and you cannot be reached, do you give permission for a staff member of Zion Lutheran School to authorize emergency medical treatment by an EMT, doctor or hospital?</p> <p>Yes _____ No _____ If no, please explain: _____</p> <p><i>If a student takes medication any time during school, a signed release form must be kept on file at the school. The form is available from the school office. An up-to-date Nebraska Health and Immunization form and state certified birth certificate is required of all students.</i></p>				
REGISTRATION FEE FOR 2012-2013 Grades K – 8: \$175 <i>The registration fee must accompany this form. Registration fees are non-refundable and non-transferable. If registration fee is received before March 1st, \$87.50 of the fee applies to the first tuition payment.</i>		TUITION FEES FOR 2012-2013 Kindergarten: \$285/ month for 10 months <i>**You may make arrangements if you would like your tuition divided into payments. Parents seeking financial assistance are encouraged to request an application from the school office.</i>		
FOR OFFICE USE ONLY				
Staff: _____		NE State ID: _____	Local ID: _____	Family Placement: _____

Parent/Guardian Signature: _____ Date: _____

Please circle appropriate size for child's t-shirt (for preschool and prekindergarten) or polo (for K-8).

YS YM YL AS AM AL

PARENTAL AUTHORIZATIONS

Please read the following statements and acknowledge by initialing the appropriate spaces.

School Policies: I/We submit this enrollment application, agreeing to the fees and policies of Zion Lutheran School of Kearney. Admission may be withdrawn at any time if information provided in the application, other admission documents, or interviews are not complete and accurate.

Guardian initial: _____

Financial Policies: I/We understand that registration fees are non-refundable. Tuition payments may be set up with the school administration on final registration. The school may hold records, including report cards and transcripts, if tuition or other school related bills are not fully paid. Our account will be turned over to collections if not paid within 60 days, unless an arrangement has been made with the principal.

Guardian initial: _____

Parent's Internet Release: I/We understand that at times our students may have access to the internet. We also understand that it is impossible for Zion Lutheran School of Kearney administrators, faculty, and staff to monitor or restrict access to all controversial materials when students are given access to the internet. I hereby release Zion Lutheran School of Kearney, its operators, and any institutions with which it is affiliated from any and all claims and damages of any nature which may arise from my child's use, or inability to use this access. This will be in effect for the duration of the school year unless cancellation is submitted in writing.

Guardian initial: _____

Photo Publicity Release: I/We grant permission for any photographs taken involving my child while a student at Zion Lutheran School of Kearney to be used in connection with publicity (website, newsletter, brochures, school video, et cetera) of Zion Lutheran School of Kearney. This does not include school pictures or yearbook.

Guardian initial: _____

Directory Information Release: I/We grant Zion Lutheran School of Kearney permission to include our family's name, address, and telephone number in the school directory. This directory will be used only within the school body and will not be given to individuals not connected with the school.

Guardian initial: _____

I have read all of the above statements, and agree to them unless otherwise indicated.

Guardian Signature

Date