



ZION LUTHERAN SCHOOL OF KEARNEY

A.M. PREKINDERGARTEN REGISTRATION FORM

2018-2019 ACADEMIC YEAR



Student's Last Name:		First:	Middle:	Returning Student: Yes / No	
Gender: Male / Female		Birth date:			
Race: African-American American Indian Asian Caucasian Pacific Islander			Ethnicity: Hispanic/Latino Non-Hispanic/Latino		
Street Address:		City, State:		Zip:	
Home Phone:	Cell provider: (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			
Previous School (if applicable):		<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other			
Father's name (full):			Mother's name (full):		
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:	
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 <input type="checkbox"/> No <input type="checkbox"/> 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 2018-2019 Preschool: \$100 + first month tuition: \$193.50 = \$293.50 <i>The registration fee must accompany this form. Registration fees are non-refundable and non-transferable.</i>			TUITION FEES FOR 2018-2019 Preschool: \$193.50/month for 10 months (\$1,935 per year) You may make arrangements if you would like your tuition divided into payments. You may have the total cost split into 12, 10, 2, or 1 payment as you prefer.		
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).

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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. Your 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