



# LEARN AND PLAY REGISTRATION FORM

School Year: 2018-2019

PROGRAM TUESDAY AND THURSDAY  AM  PM

## STUDENT INFORMATION

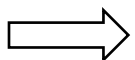
<b>Student's Full Name:</b>			<b>Child's Age as of 12/18</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>	<b>Date of Birth:</b>
<b>Main Phone No:</b>	<b>Home School District:</b>		<b>Born in</b> <input type="checkbox"/> USA <input type="checkbox"/> Other _____
<b>Student Resides with:</b> <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			<b>Language(s) spoken at Home:</b>
<b>Cultural Heritage: (Please check one. NY State forms request this information)</b>			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multiracial			
<b>Email Address (can list more than one):</b>			

## FAMILY INFORMATION

<b>Mother's Full Name: (Mrs. Ms. Dr.)</b>		<b>Father's Full Name: (Mr. Dr.)</b>	
<b>Full home address if different from student:</b>		<b>Full home address if different from student:</b>	
<b>Cell Phone No:</b>		<b>Cell Phone No:</b>	
<b>Occupation &amp; Employer</b>		<b>Occupation &amp; Employer</b>	
<b>Business Phone No:</b>		<b>Business Phone No:</b>	
<b>1.Sibling's Name:</b>	<b>Grade:</b>	<input type="checkbox"/> Attends Emanuel <input type="checkbox"/> Other _____	
<b>2.Sibling's Name:</b>	<b>Grade:</b>	<input type="checkbox"/> Attends Emanuel <input type="checkbox"/> Other _____	

## CHURCH AFFILIATION

<b>Home Church:</b>	<b>Church Denomination:</b>	<b>Synod:</b>	<b>Pastor's Name:</b>
<b>Church Attendance:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Rare		<b>Student's Baptismal Date:</b> _____ <b>or Dedication Date:</b> _____	



**MISCELLANEOUS**

**New Students: Referred by:** \_\_\_\_\_

**If you are not at home, who may we contact should your child become ill?**

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**ACKNOWLEDGEMENTS**

In consideration of the offer and acceptance of this Registration Form (the "Form") by Emanuel Lutheran School ("Emanuel"), I (We), The parent(s) or guardian(s) of the above named student (the "student"), hereby agree to enroll the Student in Emanuel for the 2017-2018 academic year based on the terms and conditions stated herein. Please Note: Re-Enrollment of students at Emanuel will not become final until the Student satisfactorily completes the current school year, receives a recommendation from Emanuel and the Student's Tuition Account is in Good Standing.

I (We) acknowledge and agree that Emanuel has the right to suspend or terminate the enrollment of the Student at any time, or to nullify this form prior to the beginning of the academic year at its sole discretion. Such suspension or termination may result when: (i) the Student disregards or does not abide by the rules and regulations of Emanuel; (ii) Emanuel determines that the Student's conduct or performance demonstrates an unwillingness or inability to be productive within Emanuel's community; (iii) a parent, guardian, or other individual closely associated with Emanuel fails to cooperate with Emanuel or disregards or does not abide by the rules and regulations of Emanuel. (iv) Emanuel determines that the continued attendance of the Student in Emanuel is not in the best interests of the Student or Emanuel; (v) Emanuel determines that the continued involvement of a parent or guardian with Emanuel is not in the best interest of the Student or Emanuel; (vi) unsatisfactory academic performance; (vii) other reasons as determined by the sole discretion of Emanuel.

I (we) recognize that children may be hurt at Emanuel or during athletic and other activities related to Emanuel. I (We) release and hold harmless Emanuel, its agents and employees from all claims, damages and other liability for injury to the Student where such claims, damages or other liability are not the result of gross negligence by Emanuel, its agents or employees.

There is a non-refundable registration fee that must accompany this application. A Tuition Payment Agreement will be sent by the business office. This must be signed and returned with your first tuition payment due August 1<sup>st</sup>. A copy of the child's birth certificate is required for all new registrations. The registration form will be returned if the process is not complete.

In the event neither parent can be contacted, I authorize the school to take such emergency measures as necessary. \_\_\_\_\_ *Initial*

I give my permission to have my child's name parents/guardian' names, address, phone number, student's birthday included in the school directory. \_\_\_\_\_ *Initial*

I give my child permission to go on walking trips with their class (Library, Patchogue Theatre, Post Office etc). \_\_\_\_\_ *Initial*

I have reviewed the Parent Handbook with our child and agree to cooperate in accordance with the policies set forth in that document.  
 Please send me a copy of Parent Handbook \_\_\_\_\_ *Initial*

**PUBLICITY RELEASE:** Emanuel Lutheran School utilizes professional/trusted and educational social media services. Examples are Twitter, Facebook, You Tube Channel for Schools, etc. No names of students are or will ever be posted on social media sites. Photographs of school activities for publicizing the school are also used. Again, no names are ever publicized. I will allow my child to be included in these media posts. \_\_\_\_\_ *Initial*

*I accept the Terms:*

*Parent/Guardian Signature*

*Date*

**FOR OFFICE USE ONLY**

Registration Fee: Date Paid \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash  Charge

DISCOUNTS:  Sibling  Emanuel Church  Lutheran Church  Other \_\_\_\_\_

New Students:  Screening  Record Request (Transfers grade 1-8)  Birth Certificate

STUDENT ASCEND ID NUMBER: \_\_\_\_\_