



Emanuel Lutheran School

179 East Main Street, Patchogue, NY 11772

631.758.2250 Fax 631.758.2418 Email maininoffice@emanluthpatchsc.org www.ELSpatchogue.org
2016 Award-Winning Inviting School 2017 Inviting School Fidelity Award by International Alliance for Invitational Education

LEARN & PLAY or PRESCHOOL REGISTRATION FORM

School Year: 2019-2020

Learn & Play 2 years old Only: T,Th Time: Half Day AM Half Day PM

Preschool 3 & 4 years old Only: M,W,F T,Th M-F Other _____ Time: Half Day AM Half Day PM Full Day

STUDENT INFORMATION

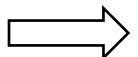
Student's Full Name:			Age as of December 31, 2019:
Address:	City:	Zip:	Date of Birth:
Main Phone No:	Home School District:		Born in <input type="checkbox"/> USA <input type="checkbox"/> Other _____
Student Resides with: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			Language(s) spoken at Home:
Cultural Heritage: (Please check one. NY State forms request this information)			
<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			
Email Address (you can list multiple emails):			

FAMILY INFORMATION

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

CHURCH AFFILIATION

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



MISCELLANEOUS

New Students: Referred by:

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

Name:	Relationship:	Phone No:
Name:	Relationship:	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 2019-2020 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. **You are required to sign up with FACTS, our tuition management system and agree to pay their setup fee. The setup fee with FACTS will be determined when you choose your tuition schedule. Enrollment in FACTS must be completed by August 1st at which time the first tuition payment is due August 1st.** 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*

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: Birth Certificate Medical Information
 Student ID: _____