179 East Main Street, Patchogue, NY 11772

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REGISTRATION FORM

School Year: 2020-2021

Toddler: 18-36 Months: M,W,F 🔲 T,Th 🦳 M:	-F 🗌 Other	·	Time: Half Day AM	N Half Day PM	Full Day	
Preschool 3 & 4 years old Only: M,W,F 🔲 T,Th 🔲 M:	-F Other	·	Time: Half Day AM	N Half Day PM	Full Day 🗌	
STUDENT INFORMATION						
Student's Full Name:				Age as of December 3:	1, 2020:	
Address:	City:	Zip	o:	Date of Birth:		
Main Phone No:	Home School District:		Born in USA Other			
Student Resides with: Mother & Father Mother Father		Other		Language(s) spoken at Home:		
Cultural Heritage: (Please check one. NY State forms request this information)						
Hispanic Caucasian African American American Indian/Alaskan Native Asian/Pacific Islander Multiracial						
Email Address (you can list multiple emails):						
FAMILY INFORMATION						
Mother's Full Name: (Mrs. Ms. Dr.)		Father's Full	Father's Full Name: (Mr. Dr.)			
Full home address if different from student:		Full home ad	Full home address if different from student:			
Cell Phone No:		Cell Phone No	Cell Phone No:			
Occupation & Employer	Occupation 8	Occupation & Employer				
Business Phone No:		Business Pho	Business Phone No:			
1.Sibling's Name: Grade:		☐ Attends	Attends Emanuel Other			
2.Sibling's Name: Grade:		Attends Emanuel Other				
CHURCH AFFILIATION						
Home Church: Church Denom	ination:		Synod:	Pastor's Name:		
Church Attendance: Regular Occasional	Rare	Student's Bapti	ismal Date:	or Dedication Date:		

MISCELLANEOUS						
New Student: 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 Preschool ("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 2020-2021 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.						
We acknowledge that the greatest responsibility we have as parents to Emanu If we are ever unable to pay on time, we will notify the business office in advarmade. We further understand and agree that our child(ren) will be withdrawn arears.	nce, give a reasonable explanation for the c	delay, and state when the payment can be				
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 of agents and employees from all claims, damages and other liability for injury to negligence by Emanuel, it agents or employees.						
There is a non-refundable registration fee that must accompany this application payment is due August 1st. A copy of the child's birth certificate is required for complete.	, ,					
In the event neither parent can be contacted, I authorize the school to take such emergency measures as necessary. Initia						
I give my permission to have my child's name parents/guardian' names, address, phone number, student's birthday included in the school directoryInitial						
I give my child permission to go on walking trips with their class (Library, Patchogue Theatre, Post Office etc). Initio						
<u>PUBLICITY RELEASE</u> : Emanuel Lutheran School utilizes professional/trusted an for Schools, etc. No names of students are or will ever be posted on social me Again, no names are ever publicized.	·					
I will allow my child to be included in these media posts.		Initial				
I ассе	ept the Terms:					
Parent/Guardian Signature	Da	te				
FOR OFFICE USE ONLY Registration Fee: Date Paid Registration Fee \$ DISCOUNTS: Sibling Emanuel Church New Students: Birth Certificate Medical Information	5 Check # _utheran Church	_ Cash Charge				