



Emanuel Lutheran Early Education Center

179 East Main Street, Patchogue, NY 11772
631.758.2250 Fax 631.758.2418 Email mainoffice@emanluthpatchsc.org www.ELSpatchogue.org

REGISTRATION FORM 2023-2024

Toddler: 18-36 Months: M,W,F T,Th M-F Other _____ Time: Half Day AM Full Day
Preschool 3 & 4 years old: M,W,F T,Th M-F Other _____ Time: Half Day AM Full Day

STUDENT INFORMATION

Student's Full Name:			Date of Birth:		
Child's Address:		City:	Zip:	Gender:	
				Home School District:	
Main Phone No:		Person Enrolling Child:		Language(s) spoken at Home:	
Student Resides with: <input type="checkbox"/> Mother & Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____				Born in <input type="checkbox"/> USA <input type="checkbox"/> Other _____	
Cultural Heritage: (Please check one. NY State forms request this information) <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian /Pacific Islander					
<input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other: _____					
Email Address (you can list multiple emails):					
Sibling Information:					
Name: _____		Grade: ____	Age: ____	Attends school at _____	
Name: _____		Grade: ____	Age: ____	Attends school at _____	

EMERGENCY CONTACT INFORMATION

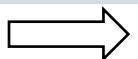
Primary Contact: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		Secondary Contact: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
Full Name:		Full Name:	
Cell Phone No:		Cell Phone No:	
Employer	Employer Phone No:	Employer	Employer Phone No:
If you cannot be reached, you authorize the following to be contacted in an emergency or authorized to pick up child			
Name:	Phone No:	Relationship	
Name:	Phone No:	Relationship	
Name:	Phone No:	Relationship	

CHURCH AFFILIATION

Home Church:	Church Denomination:	Church Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> Occasional <input type="checkbox"/> Rare
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MISCELLANEOUS

New Student: Referred by:



PLEASE COMPLETE THE FOLLOWING:

	Check One
I give my permission to have my child's name parents/guardian' names, address, phone number, student's birthday included in the school directory.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event neither parent can be contacted, I authorize the school to take such emergency measures, as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
PUBLICITY RELEASE: I give permission and acknowledge that Emanuel utilizes professional/trusted and educational social media services. Examples are 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 used.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I acknowledge that the current Parent Handbook is located on the school's website <i>ELSPatchogue.org</i> . Said handbook indicates the written policy as required by OCFS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand Emanuel may need additional permissions for situations such as transportation, medication, release of information, and field trips.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I provided information on my child's special needs to the program to assist in caring for my child.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to review and update this information whenever a change occurs and at least once every year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My Child is fully potty trained (urine & bowel movement) and is wearing underwear. See Parent Handbook for Potty Training Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any food allergies, if none please write none: _____	
Please list any dietary restrictions, if none please write none: _____	
Does your child suffer from, please answer yes or no: Bee Stings? _____ Asthma? _____ Other? _____	
If your child requires medication for the above, please list. _____	
NOTE: Emanuel is only permitted to administer medicine in an emergency situation. The appropriate forms must be completed for directions for administration of those medications during the school day. Emanuel is authorized under "Elijah's Law" to stock non-patient specific epinephrine auto-injector devices for emergency treatment of a child appearing to experience anaphylactic systems. See "Parent Handbook" and "Allergy and Anaphylaxis Policy" for entire policy.	
Child health care information is available by calling toll-free 1-800-698-4543 or NYS Health Marketplace website: nystateofhealth.ny.gov/	

ACKNOWLEDGEMENTS

In consideration of the offer and acceptance of this Registration Form (the "Form") by Emanuel Lutheran Early Education Center ("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 2021-2021 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's Tuition Account is in good standing.

We acknowledge that the greatest responsibility we have as parents to Emanuel is to pay all of our financial obligations on or before the due dates. If we are ever unable to pay on time, we will notify the business office in advance, give a reasonable explanation for the delay, and state when the payment can be made. We further understand and agree that our child(ren) will be withdrawn from Emanuel Lutheran School if our tuition account becomes more than 1 month in arrears.

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 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 recess 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. Refer to the Parent Handbook for further information.

There is a non-refundable registration fee that must accompany this application. You are required to sign a Financial Agreement 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.

Emanuel prohibits the use of bottles and pacifiers. See Parent Handbook for policy.

I accept the Terms:

Parent/Guardian Signature (if filling in by computer, please type your signature)

Date

FOR OFFICE USE ONLY

Date Registered _____ Registration Fee Amount \$ _____ Registration paid by: Check # _____ Cash ACH

Tuition Agreement Signed _____

DISCOUNTS: Sibling Emanuel Church Lutheran Church Other _____