

ST. PAUL LUTHERAN SCHOOL

2024-2025 PRESCHOOL REGISTRATION FORM

FOR OFFICE USE ONLY:

Date Received:

Amount Received:

Check Number:

AVAILABLE PROGRAMS-Please indicate 1st, 2nd, 3rd choice

3 Year Old Program

Monday/Wednesday/Friday Morning

Tuesday/Thursday Morning

4 Year Old Program

Monday - Friday Morning

Monday-Friday Afternoon

Mon/Wed/Fri Afternoon

STUDENT INFORMATION

(Please Print)

Student lives with: (check all that apply) Both Parents Mother Father Stepmother Stepfather Other _____

Parent's Marital Status

Married

Divorced

Separated

Single

Mother Deceased

Father Deceased

STUDENT NAME

(Last, First, Middle)

Gender Male Female

Grade Entering

Date of Birth:

Birthplace (City/State):

Baptismal Date:

Name of Church Where Baptized:

Denomination:

Present Church Affiliation:

City/State:

ZIP Code:

School Previously Attended:

City/State:

PRIMARY RESIDENCE

(Please Print)

PARENT:

Relationship:

Home Address:

City/State:

Zip:

Email:

Home Phone:

Cell Phone:

Employer:

Occupation:

Work Phone:

SPOUSE:

Relationship:

Home Address:

City/State:

Zip:

Email:

Home Phone:

Cell Phone:

Employer:

Occupation:

Work Phone:

SECONDARY RESIDENCE (if applicable)

(Please Print)

PARENT:

Relationship:

Home Address:

City/State:

Zip:

Email:

Home Phone:

Cell Phone:

Employer:

Occupation:

Work Phone:

CHILDCARE

Name:

Home Phone:

Cell Phone:

Before School After School

Name:

Home Phone:

Cell Phone:

Before School After School

EMERGENCY INFORMATION – Responsible Adult for Emergency Notification & Transportation if parents are unreachable
(Please Print)

Name:	Home Phone:	Cell Phone:	Work Phone:
Name:	Home Phone:	Cell Phone:	Work Phone:
Name:	Home Phone:	Cell Phone:	Work Phone:

RACE – What Is the Student’s Race? Choose One or More

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White

ADDITIONAL CHILDREN IN FAMILY

Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:

Please check the box if you desire to enroll in an Adult Instruction Class so that you may investigate the possibility of joining St Paul Lutheran Church.

Were you referred to St Paul Lutheran School by anyone? Yes No

If yes, please allow us to thank them by recognizing them _____

If a parent or the designated adult cannot be reached and school personnel conclude that the child is in need of immediate medical attention, the Rochelle Fire Dept. Ambulance will be called and the child will be transported to the Rochelle Hospital. A student who becomes ill or injured at school will not be treated or transported by the Rochelle Fire Dept. Ambulance without an effort to obtain parental permission. Please be advised that the rules of the Rochelle Fire Dept. Ambulance require that patients will be taken to Rochelle Hospital. At the Rochelle Hospital emergency room, the patient’s condition will be analyzed and stabilized and arrangements may be made by the parents to transport the patient to the hospital of their choice. If there are any questions, please contact the school

Date _____ Parent/Guardian Signature _____

I hereby understand that this registration form is to be accompanied by the registration fee. ***The registration fee and tuition is non-refundable.***

Date _____ Parent/Guardian Signature _____

STUDENT REGISTRATION FORM MUST BE COMPLETED FOR EACH CHILD

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

St Paul Lutheran School, Rochelle, IL, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

St. Paul Lutheran School

Health History Information

2024-2025

Please complete both sides.

The information on this form is confidential.

Grade _____

Student Name _____ Birthdate _____

Cell Number _____ Work Number _____

Parent(s)/Guardian Name(s) _____

Physician/Specialist & Phone Number _____

ASTHMA:

1.) Has your child been diagnosed with asthma? _____

Date of last attack _____

2.) What causes an attack in your child? Allergies ___ Infections ___ Weather ___ Exercise ___

Anything not listed: _____

3.) Usual symptoms: _____

4.) Will your child keep an inhaler in the health office for use during school? Yes ___ No ___

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

ALLERGIES (including food):

1.) Has your child been diagnosed with any kind of allergies? Yes ___ No ___

2.) What, specifically, causes an allergic reaction in your child? _____

3.) Usual or past reactions? Redness ___ Swelling ___ Itching ___ Hives ___ Rash ___

anything not listed: _____

4.) Does your child use any medication(s) for symptoms? _____

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

DIABETES:

1.) Which type does your child have? Type I ___ Type II ___

2.) Age of diagnosis? _____

3.) Does your child use an insulin therapy pump? Yes ___ No ___

4.) Does your child use injections? Yes ___ No ___

Is your child comfortable with self-injecting? Yes ___ No ___

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

HEART CONDITION:

1.) Describe problem: _____

2.) Any restriction(s): _____

3.) Any medication(s): _____

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

SEIZURE DISORDER:

- 1.) Type of seizures: _____
- 2.) Age of diagnosis: _____ Average length of seizure _____
- 3.) Date of last seizure _____ Does your child take anti-seizure medication? _____
- 4.) Name of medication(s) taken: _____

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

OTHER HEALTH NEEDS OR CONCERNS: (includes ADHD, dental problems, dentures, orthopedic conditions, mental health concerns, etc):

Any medications taken at home that you have not already listed: _____

Any medication(s) that will need to be kept at school: _____

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

VISION:

Does your child wear glasses? Yes ___ No ___ Does your child wear contacts? Yes ___ No ___

HEARING:

Has your child ever been screened by an audiologist? Yes ___ No ___

Does your child have a hearing impairment? Yes ___ No ___

Does your child wear a hearing device? Yes ___ No ___

Does your child have hearing implants? Yes ___ No ___

Please note:

As the parent, you are primarily responsible for administering medication to your child. However, we are aware that you cannot always do so and may wish to have the school personnel administer or supervise your child self-administering medication. To schools, a medication is any drug purchased over the counter (for example, Tylenol, cough syrup, cough drops), as well as those prescribed by a doctor. Our schools maintain no supply of medications.

Medications are to be supplied in an original container, be clearly marked with the students name and correct dosage. At school, medications will be stored in a locked cabinet and accessible only by school personnel. If a student is to have a medication on his/her person, such as an inhaler or epinephrine auto injector, there will need to be a doctor's order for this. Requests for medication administration are good for a school year only and must be renewed each school year.

MEDICATION PERMISSION SECTION:

I, the parent / guardian of this student, authorize St. Paul Lutheran School and its employees, in my behalf and stead, to administer or to allow my child to self-administer with supervision lawfully prescribed medication. I acknowledge that it may be necessary for the administration of medications to my child be performed by an individual other than the school nurse and specifically consent to such practice. I further acknowledge and agree that when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against St. Paul Lutheran School and its employees, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify St. Paul Lutheran School and its employees, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempted administration of said medication(s).

Printed Parent/Guardian Name(s)

Parent/Guardian Signature(s)

Date

**Should you have any further questions or requests of the school office personnel, please do not hesitate to contact to school.*

Family Notification Information
St. Paul Lutheran School

St. Paul Lutheran School is continuing to make advancements in our technology which include our online **Sycamore Education System**. Through this program we will be sending out emails and/or texts regarding various items including but not limited to; registration information and forms, billing information and reminders, any weather or emergency related announcements, PTL and school event updates.

When filling out this information please make sure you print clearly and the information is legible. We need to have at least one email and/or cell phone number on file in our system.

Keeping you informed is a top priority at St. Paul. That's why we will use the Blackboard Connect Notification Service which allows us to send a **telephone, text, and/or email messages** to you providing important information about school events or emergencies. We anticipate using Blackboard Connect to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including open houses, choir singing, school auction, field trips and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately.

What you need to know about receiving calls sent through Blackboard Connect

Caller ID will display the school's main number when general announcement is delivered.

Caller ID will display 411 if the message is a dire emergency.

Blackboard Connect will leave a message on any answering machine or voicemail.

If the Blackboard Connect message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Note that the primary phone numbers will be called for standard and emergency calls; the emergency numbers will **only** be used in an emergency, and all will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us.

Regards,
Steven L. Hall, Principal

Student(s) Name(s): _____

Grade(s): _____

<u>Name</u>	<u>Email Address</u>	<u>Relation to Student</u>
1) _____	_____	_____
2) _____	_____	_____

Primary phone number & Relation to Student	()
Primary phone number & Relation to Student	()
Emergency phone 2 & Relation to Student	()
Emergency phone 3 & Relation to Student	()
Emergency phone 4 & Relation to Student	()