

Application for Enrollment



Immanuel Lutheran School
Infant/Toddler Program
2022/2023

214 West 5th Street
Washington, MO 63090
636.239.2636

Mrs. Jillian Van Leer
Infant/Toddler Director

Mr. Nick Hopfensperger
School Principal

The Rev. Dr. Mark Bangert
Pastor

The Rev. Craig Wehmeyer
Pastor

Student Application Form

Date of Application ___/___/_____

Student's Information **Gender** M F_____
Last First Middle_____
Mailing Address_____
City State Zip**Date of Birth**_____/_____/_____
Month Day Year**Days Needed** (must choose at least 2 days)

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Marital Status of parents: ___ Married ___ Single ___ Divorced ___ Separated**Father's Information**_____
First Last_____
Mailing Address (if different from child's)_____
City State Zip_____
Email address_____
Home Phone_____
Cell Phone_____
Work Phone_____
Occupation/Employer**Mother's Information**_____
First Last_____
Mailing Address (if different from child's)_____
City State Zip_____
Email address_____
Home Phone_____
Cell Phone_____
Work Phone_____
Occupation/Employer**Child lives with** _____ Mother _____ Father _____ Both parents _____ Guardian

Other Children in the Family	Family Church Membership												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 33%;">First</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 33%;">Last</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; width: 33%;">Age</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">First</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Last</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Age</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">First</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Last</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Age</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">First</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Last</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Age</td> </tr> </table>	First	Last	Age	First	Last	Age	First	Last	Age	First	Last	Age	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> Name of Church _____ Is the child baptized? Yes ____ No ____ Date of baptism ___/___/_____ If not, are you interested in having your child baptized? ____ Yes ____ No Interested in membership at Immanuel Lutheran Church? ____ Yes ____ No
First	Last	Age											
First	Last	Age											
First	Last	Age											
First	Last	Age											

How did you hear about Immanuel?
<input type="checkbox"/> Drive by school <input type="checkbox"/> Internet <input type="checkbox"/> Personal Referral <input type="checkbox"/> Live near School <input type="checkbox"/> Church <input type="checkbox"/> Other <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

Student Background- To best meet the needs of your child, please answer the following questions:
Are there any medical concerns that Immanuel should be aware of? ____ Yes ____ No If yes, explain: _____ Child's pediatrician name/number _____ Has your child received any Second Steps services? ____ Yes ____ No If yes, explain: _____ Please describe your child's personality: _____ _____ What toys/activities does your child enjoy playing with? _____ _____ Any concerns you feel we should know about? (Allergies, Milestones, etc) _____ _____

Why are you considering Immanuel Lutheran School Infant/Toddler Program? _____

Permission to Pick up (person 1)

First Last

Relationship to child

Home Phone Cell Phone

Emergency Contact? ____ Yes ____ No

Permission to Pick up (person 2)

First Last

Relationship to child

Home Phone Cell Phone

Emergency Contact? ____ Yes ____ No

Permission to Pick up (person 3)

First Last

Relationship to child

Home Phone Cell Phone

Emergency Contact? ____ Yes ____ No

Permission to Pick up (person 4)

First Last

Relationship to child

Home Phone Cell Phone

Emergency Contact? ____ Yes ____ No

Contractual Agreement

We the undersigned agree to:

1. Fulfill my financial obligation to pay tuition and fees as billed in a timely manner.
2. Support and endorse the various programs at Immanuel Lutheran School.

Parent's Printed name: _____ Date _____

Signature: _____

Return this completed application to Mrs. Jillian Van Leer. If there is a spot, the \$125 registration fee will be due upon enrollment

Immanuel Lutheran School admits students of any race, sex, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, national or ethnic origin in the administration of its educational policies, admission policies, tuition assistance, athletic or other school administered programs.