

## CLASSICAL CHRISTIAN EDUCATION

1012 12th Avenue Road • Nampa, Idaho 83686
phone 208-466-9141 • fax 208-463-4420 • web zlsnampa.org

## **Enrollment Application**

School Year 20	hool Year 20 Date of Application:						
	e a \$20.00 application fee	for each new student and a	\$35.00 testing fee for each r	new student enrolling in 1st a	nd above.		
Student Information							
First Name	Middle Initial	Last Name	Birth Date	Last School Attended	Grade Enrolling		
Language Spoken at		Pre-K3: Full/ Half		Kindergarten:			
Home:		5 or 3 Days per week	Pre-K 4: Full/ Half	Full / Half			
Family Information	Father (	Guardian)		Mother (Guardian)			
First & Last Name			First & Last Name				
Home Address			Home Address				
City, State, Zip			City, State, Zip				
Home Phone Number			Home Phone Number				
Cell Phone Number			Cell Phone Number				
Email Address			Email Address				
Employers Name			Employers Name	,			
Employers Address			Employers Address	5			
Employers Phone Number			Employers Phone Number				
Job Title/Position			Job Title/Position				
Church Information	Father (	Guardian)		Mother (G	uardian)		
Church Name			Church Name				
Church Address			Church Address				
Pastor Name & Number			Pastor Name & Number				
Student lives with:	Both	Father	Mother	Other:			
Parents (Guardian) Statemer	nt						

The non-refundable application fee of \$20.00 per new student, must accompany this form. This Application for enrollment at Zion Lutheran School is an expression of intent only, and is not binding upon the family or school. It is also understood that any offer of enrollment subsequently accepted is contingent upon the essential accuracy of the statements made in this Application. The testing fee of \$35.00 per new student enrolling in 1st grade or higher is to be paid in full on or before the day of testing. Upon admission to ZLS the total costs associated with above named students is the responsibility of the signor of this agreement. Upon acceptance to ZLS parents agree to read and follow the policies listed in the Parent & Student Handbook.

EMERGENCY CONTACT /MEDICAL FORM									
Student Information									
Student Name		Date of Birth	rth Grade		Tylenol Y/N		Ibuprofen Y/N		
Student Name			Date of birtin		Grade		Tyleno	1 1/11	ibuprofeti 1/14
NA									
Medical Information	I								
Student	Allergies					Medical C	onditions		
_									_
				_					
Emergency Contacts								Pick u <sub>l</sub>	)
First & Last Name				F	irst & La	st Name			
Phone Number	Phone Number:			First 9. Last Name		st Name			
Pick up Y/N	I .	First & Last Name			St Hullic				
First & Last Name	9			F	irst & La	st Name			
Phone Number	:			F	irst & La	st Name			
Pick up Y/N						St Hume			
	nsurance Information						T .		
Physician		Address					Phone		
Dentist Address						Phone			
Insurance Co	Policyholder Name			Policy Number					
In the event our child become Lutheran School to provide e									
named, consent is given to a	= :		-	-		-		· ·	
any medical treatment my ch	ild receives will be my respo	nsibility. Zi	on Lutheran Schoo	ol will l	oe held l	narmless.	Medical Author	ization Form	must be billed out to be
put in child's record when an	• • • •		· .,	•	_		•		· ·
cy, every effort will be made Lutheran School to obtain ne	•					•		-	•
School personnel, shall have			-8					,	
Acknowledged and Agreed to	by:						Signature of Pa	rent (Guardia	ın)
0 0		Dorm	ission an	d D	مام	150		,	,
Student Name:		Pellii	ission an	u n	CIC	150		Date:	
Student Name:				<del></del>			Date:		
Student Name:								Date:	
Field Trip Permission									
I give permission to Zion Lutho Car seats and/or booster seat			field trips or excur	sions k	y van, s	chool bus,	or private mot	or vehicle und	er required supervisior
Yes	5 Will be required as an edea	by law.	No					Initials	
Media Permission									
I give permission to Zion Luth	eran School to use images of	my child fo		rnet, n	ewslette	ers, etc.			
Yes Contac	t via CNAS on Nassa Sur	nail	No					Initials	
Permission To Contac Zion Lutheran School uses ma			ose contact with	oarent	s. I wish	to have he	oth parents add	ed to these lie	sts.
Yes			No		**15/1		parents add	Initials	
Special Services			<u> </u>						
Child is on an IEP or 504 plan	from Idaho or any other sta	te. Name:							
Yes	,		No					Initials	
If yes please provide a copy of	of either with this application	. Please ur	<u> </u>	n Luth	eran Sch	nool does r	not provide any	<u>L</u>	sses or services. We
will do our best to serve all cl								-	
able to enroll the child.	d back/retained or been adv								

No

Yes

Initials

## **CHILD WATCH**

Child Watch (After School Care) is a program here at Zion Lutheran School to provide a safe environment for your child(ren). If they stay between 3:00pm and 6:00pm, they will be considered part of this program. Please fill out this form if you plan on utilizing this program. As it will help us plan for appropriate staffing and snacks.

	Pa	arent Informatio	n			
Name:						
Address:						
City:		cate:	Zip:	Zip:		
Home Phone:		ell Phone:		Work Ph	Work Phone:	
	St	tudent Informat	ion			
Name:			Grade:	Grade:		
Name:			Grade:	Grade:		
Name:				Grade:		
Name:			Grade:	Grade:		
	D	ays & Times Ne	eded			
	Monday	Tuesday	Wednesday	Thursday	Friday	
3:00pm - 4:00pm						
3:00pm - 5:00pm						
3:00pm - 6:00pm						

## Rates

One Child	\$3.50 first hour, \$3.00 per hour after first hour
Two Children	\$6.00 first hour, \$5.00 per hour after first hour
Three Children	\$8.50 first hour, \$7.00 per hour after first hour
After Child Watch Closes	\$1.00 per minute after 6pm per child

All Child Watch students are charged for the first hour (3:00pm-4:00pm) regardless if they are picked up before 4:00pm. After the first hour, students are billed in 30minute increments. *Payments are due with your invoice each month.* 

Agreed to b	y: Date:

