

Immanuel Lutheran School
 30 S Wabasha St.
 Plainview, MN 55964
 Phone (507) 534-2108
 office@immanuelplainview.org



Select Class Preference

5 Day AM (8-11am)
 3 Day (3 year old) PM (MWF) (12-3pm)
 2 day (3 year old) PM (M,W) (12-3pm)

**2023-2024
 Immanuel Lutheran School
 Pre K Registration Form**

STUDENT

 MOTHER

 FATHER

 FAMILY

Birthdate _____ Male: _____ Female: _____ Baptism Date: _____

Last Name: _____ First: _____ Middle: _____

Person Child Lives With: _____

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Last Name: _____ First Name: _____

Home Address: _____ Email: _____

Cell # _____ Employer: _____ Work #: _____

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Last Name: _____ First Name: _____

Home Address: _____ Email: _____

Cell # _____ Employer: _____ Work #: _____

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Joint Custody Info: _____ Permission to pick up? _____

Name & Age of Siblings: _____

Home Church: _____

FOR OFFICE USE ONLY

DATE / TIME REC'D _____ TUITION TOTAL: _____ INVOICED: _____

REGISTRATION FEE PAID: ENTERED ONLINE:

Immanuel Lutheran School 2023-2024 Fees

Registration Fee prior to April 1, 2023 - \$200 per student
Maximum of \$400 per family

Registration Fee April 2nd or after - \$250 per student
Max per family: \$500

Pre K Tuition (Monthly)

		Siblings at ILS	No Siblings at ILS
5 Day AM		\$250	\$275
3 Day PM		\$225	\$250
2 Day PM		\$200	\$225

5 Volunteer hours completed each **quarter reduces your family's **quarterly** tuition by \$25**

Use table above to complete:

I will pay \$_____ for **this student** a month.

**Unless paying in full at the start of the school year, 9 monthly payments are expected throughout the year.
(September 2023 – May 2024)

Multiply monthly total by 9 (for the yearly commitment 23-24 year)

\$_____ 23-24 Yearly commitment for this student

Signature

Date

AUTHORIZED RELEASE AND EMERGENCY CALL LIST

If we are unable to reach you, in case of illness or emergency, please list IN ORDER the people you want us to contact to pick up your child. ***Please list at least 2.***

We only release (dismiss) your child to a parent or those authorized in writing by their parents. We reserve the right to ask for ID at any time of any person.

The following person(s) may pick up my child from ILS in my absence:

Name	Relationship	Phone #
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Address

Name	Relationship	Phone #
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Address

Signature

Date

HEALTH INFORMATION

Allergies (Food or Other): _____

For food allergies, we need a note from your child's Dr. if you do not want them served certain foods / milk during lunch

Other Medical Information that would be helpful for us to know:

**I hereby give permission for members of the staff at ILS to seek emergency medical treatment for my child
in the event I cannot be contacted.**

Signature

Date

ILS PHOTO RELEASE STATEMENT

I hereby grant Immanuel Lutheran School rights to use and publish pictures and other media to capture my child's likeness, or in which my child may be included in whole or in part. I also consent the use of any printed matter in conjunction therewith.

I give permission for my child to be in photographs/video for the school website, Facebook and newspaper as part of Immanuel Lutheran School.

I do realize my child is being photographed and do give permission to Immanuel Lutheran School to do this freely and in good will.

Signature	Relationship	Date
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ILS PERMISSION TO PUBLISH PHONE & ADDRESS

I give permission for my child's address and phone number to be published on a class roster and distributed to school families ONLY.

Signature	Relationship	Date
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****Please respect the intention that class rosters are for school family use only (play dates, carpools etc.) If there are any changes to your roster information, please let us know as soon as possible. ****

WALKING PERMISSION

There are times during the school year when the students will have the opportunity to participate in a walking field trip around the grounds of the school, to nearby libraries, or other local businesses and community resources. This is a wonderful way to expose the children to local resources and relationships between curriculum and community.

Your permission is required for your child to participate. I give permission for my child to accompany his/her class on all walking field trips planned and supervised by Immanuel Lutheran School for the 2023-2024 school year. Staff will ensure a safe walking route and supervision to/from the school.

Signature	Relationship	Date
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