

# Eastside Lutheran School

2310 Independence Lane

Madison, WI 53704

608-843-2033

[www.eastsidelutheran.org](http://www.eastsidelutheran.org)

[schooloffice@eastsidelutheran.org](mailto:schooloffice@eastsidelutheran.org)



## Preschool Session

(Please Indicate session)

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 4K MWF AM    | <input type="checkbox"/> 2 Day PM |
| <input type="checkbox"/> 4k MTWTHF AM | <input type="checkbox"/> 3 Day PM |
| <input type="checkbox"/> 3K T&TH AM   | <input type="checkbox"/> 4 Day PM |
|                                       | <input type="checkbox"/> 5 Day PM |

Please Indicate PM Days Requested:

\_\_\_M\_\_\_T\_\_\_W\_\_\_TH\_\_\_F

Preschool Start Date: \_\_\_\_\_

## Student Enrollment Form

### Child Information

Child Name	Address	City
Home Phone	Family Email Address	State   Zip
Date of Birth	Place of Birth (city and state)	Ethnicity
Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade Entering	Previous School
Do you live in Madison city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school district in which you live	What is your plan for transportation? <input type="checkbox"/> Family to provide <input type="checkbox"/> Other

### Church/Baptism Information

Name of Child's Church	Has child been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, indicate church:
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### About the Child/Special Needs

Does your child have any special needs?  
 No     Yes – Please indicate specific need:

<input type="checkbox"/> Learning disabilities	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> Speech	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Allergies	<input type="checkbox"/> Appetite	<input type="checkbox"/> Other (explain below):		
<input type="checkbox"/> Dietary Restrictions	<input type="checkbox"/> Diabetes			

Does your child have allergies? If so, please explain.  
[Click here to enter text.](#)

Has your child ever had an IEP (Individualized Educational Plan)?  
 Yes  No    If so, please explain: [Click here to enter text.](#)

Has your child participated in special education classes?  
 Yes  No  
 If you answered yes to any of the last two questions, please give further details: [Click here to enter text.](#)

Please describe any special family situations.

How did you hear about Eastside Lutheran School? If referred by a friend or acquaintance, please name them here so we can thank them.

Why do you plan to send your child to Eastside Lutheran School?

### Photo Release Authorization

I give Eastside Lutheran School, Madison, Wisconsin, the authorization to use my child's photograph or a video which includes my child in promotional materials. Children will not be identified by name unless a specific request is made to the parent.  
 Yes  No

Please check any of the following items you do **NOT** want your child to be included in:

<input type="checkbox"/> I want no pictures or videos taken of my child whatsoever.	<input type="checkbox"/> Posters used in the building	<input type="checkbox"/> Posters used in recruitment	<input type="checkbox"/> Informational brochures	<input type="checkbox"/> Promotional video
<input type="checkbox"/> Church website	<input type="checkbox"/> School website	<input type="checkbox"/> School news articles	<input type="checkbox"/> Area newspaper articles	<input type="checkbox"/> Newspaper/ Magazine ads
<input type="checkbox"/> School website	<input type="checkbox"/> Promotional flyer	<input type="checkbox"/> Church bulletins	<input type="checkbox"/> Church newsletter	

**PLEASE COMPLETE THE REVERSE SIDE**

<b>Office Use Only</b>	Registration Rec'd date: _____
	Registration Number: _____
	Post Card Sent: _____
	WPC Applicant (Y / N)

Family Information				
Father's Name	Address	City	State	Zip
Home Phone	Work Phone	Cell Phone		Marital Status
Occupation	Place of Employment	Email		
Are there any special family situations we should be aware of (such as divorce, custody, guardianship)?				
Mother's Name	Address	City	State	Zip
Home Phone	Work Phone	Cell Phone		Marital Status
Occupation	Place of Employment	Email		
Siblings Older sibling's name: _____ DOB: _____ Younger sibling's name: _____ DOB: _____ Other sibling's name: _____ DOB: _____ Other sibling's name: _____ DOB: _____		Guardianship <input type="checkbox"/> Legal guardian <input type="checkbox"/> Step-parents <input type="checkbox"/> Foster parents		

Emergency Contact Information				
Please designate two individuals that we can contact in the event that neither parent can be reached and there is an emergency or your child is not picked up at closing time. These people are authorized to pick up your child.				
Contact Name	Address	City	State	Zip
Home Phone	Cell Phone	Relationship to Child		
Contact Name	Address	City	State	Zip
Home Phone	Cell Phone	Relationship to Child		
In the event of a school and childcare closing during the day (severe weather, etc) who should be contacted and/or where can your child be sent?				

Childcare Permission			
<input type="checkbox"/> (Check box) I give permission for my child to go on walks with the teachers and staff in the nearby neighborhood.			
<input type="checkbox"/> (Check box) I give permission for my child to attend Eastside Lutheran childcare as need. If my child is dropped off in inclement weather (see handbook) or on school property after 3:20pm, they will be sent to childcare and I will be billed accordingly. I am aware that there are penalties for not picking up my child at closing time. I will be billed on a biweekly basis and I am responsible for timely payment of services rendered. In accordance with School Board Policy, non-payment of my account will result in late fees and eventual forfeiture of my ability to use this service.			
<input type="checkbox"/> (Check box) I understand that this permission form covers all activities in which my child chooses to participate during the school year as a representative of Eastside. I hereby give permission for emergency transportation via ambulance to a local hospital and for medical treatment deemed necessary by a physician who is designated by the school authority.			
Physician Information			
Physician's Name	Physician's Office	Physician's Phone	Emergency Room Phone
Preferred Hospital	Address	Insurance Carrier's Name	
Insurance Company		Insurance Policy Number	
Signature		Date	