



20917 Walden Avenue
Hutchinson, MN 55350
Phone 320-587-4858
E-mail ilschool@hutchtel.net



Student Registration (2023 - 2024)

Student Name: (first, middle, last) _____ Grade level: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of birth: ____/____/____ Place of birth: _____

Male Female

Baptized: Yes No Date: ____/____/____

Church in which you actively participate and/or hold membership: _____

Parent Information

Child lives with: Both Parents Mother Father Other _____

Father Name: _____ Cell: _____ Work: _____

Mother Name: _____ Cell: _____ Work: _____

Address (if different from student): _____

Email: _____

Child's Transportation

After school form of transportation: Bus Latchkey Pick-up Other _____

People allowed to pick child up: _____

For any changes/updates please email: ilschool@hutchtel.net

Emergencies or last-minute changes please contact your child's teacher directly:

Mrs. Eckstrand: 507-276-9320

Mrs. Utsch: 262-352-2192

Mr. Gephart: 269-932-5117

Parent Volunteer

On occasion Children of Grace Preschool and Immanuel Lutheran School will call upon parents and other members of the congregations to give of their time or talents through volunteer work. We ask you to assume this service for Christ as part of the mission and public ministry of this school and to perform it faithfully for the growth of God's kingdom among us. As a volunteer our school asks that you:

1. Be concerned about the faith and life of the young people assigned to them and nurture their growth in Christ.
2. Serve the school as an example of Christian conduct as required by the Lord (1 cor. 6:9-10. Col. 3:5, Eph. 5:1-7), work with the principal, teachers and the leadership of the school; and by the grace of God do everything possible to promote Christian training and a spirit of service with our youth and so advance the kingdom of Christ among us.

One of the main concerns of the Board for Christian Education and staff of the school is to maintain a safe environment for the children at all times. Therefore, we are asking volunteers to read the following statement and sign below verifying they are able to work with the children.

By volunteering to work with the youth of the school, I certify that I have not been personally involved in any incidents of child molestation, child abuse, sexual misconduct, exploitation or harassment in the State of Minnesota or any other state in the past.

Parent name: (printed) _____

Parent signature: _____

Parent name: (printed) _____

Parent signature: _____

Accident Waiver

If my child has an accident during the school day, I give permission for a teacher or aide to clean them in the event that a parent and/or emergency contact cannot be reached.

_____ (Parent initials)

Insurance Waiver

I/We have adequate insurance to protect our children in case of an accident.

_____ (Parent initials)

Hot Lunch/Beverage Program Waiver

I/We give our child permission to participate in the hot lunch and beverage program offered at Immanuel Lutheran School and Children of Grace Preschool. We agree that Immanuel Lutheran School and Children of Grace Preschool and those preparing and serving the lunch and beverages are not to be held responsible for anything that may happen in connection with these programs.

_____ (Parent initials)

Photo Release

I do / I don't (circle one) give permission for my child to be photographed in our program, program functions and field trips. I understand that the photograph may be taken by school staff, professional photographers, news, media, or other parents.

_____ (Parent initials)

Milk Request

My child is allowed to have milk: White Chocolate Either

I do not want my child to have milk.

_____ (Parent initials)

Field Trip Attendance

Yes / No (circle one) my child has my permission to participate in school field trips for this school year, and may ride with a volunteer driver, if needed.

_____ (Parent initials)

Emergency Pre-Consent Form

Child Name: _____ DOB: ____/____/____

In case of a child's medical emergency, parent permission for treatment is required. If the school teacher or staff is unable to contact a parent in an emergency, this form authorizes emergency medical treatment for the child. Please fill out one form for each child in your family attending Children of Grace Preschool or Immanuel Lutheran School. Your child's teacher will have this form in the classroom, and will take it on every field trip. Athletic coaches will also take a copy along to all away games.

Child's Clinic: _____

Child's Physician: _____

Wears glasses: Yes / No Wears contacts: Yes / No Hearing problems: Yes / No

Last tetanus shot: ____/____/____

Allergies: _____

Medications: _____

Any medical conditions that would affect participation in physical education or sports?

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact:

In the event of an emergency and you cannot be reached, please list the name and phone number of people we may contact.

Name: _____ Phone: _____

Relationship to student: _____

Name: _____ Phone: _____

Relationship to student: _____

I hereby consent to and authorize emergency medical treatment that is judged necessary for my child, in the event that I cannot be reached.

(Both parent signatures are required)

Bible / Christian Worship Hymnal / Luther's Catechism

Grades 1st–8th and new students are supplied a Bible that is donated by Grace Lutheran Church. Grades 4th–8th is supplied with hymnals that belong to the school. We learn hymns, sing, study, etc.

Grades 5th–8th is required to have a personal Luther's Catechism. Students have class twice a week with a pastor. These can be purchased from the school, at approximately \$23. The school orders these during the summer and will have them here by the first day of school.

My student needs: Bible (n/c for new students) Catechism (\$25)

TITLE 1

In order for us to receive Title 1 assistance from our state and local public school we need to know who would qualify. Title 1 is a program through the state in which we receive aid to hire a teacher from the public school who gives extra help to our students who struggle with math and/or reading. The aid we receive is based on free and reduced lunch eligibility. Free and reduced lunch is based on annual income. So, we kindly ask you to view the below chart and mark "yes" my family meets the requirements for free and reduced lunch or "no" my family does not meet the requirements for free and reduced lunch. We don't need to know specifics, if you're annual income is at or below the corresponding number, you qualify.

Eligibility Chart

Annual Household Income Limits (before taxes)

Household Size	Maximum Income Level (Per Year)
1	\$25,152
2	\$33,876
3	\$42,612
4	\$51,348
5	\$60,072
6	\$68,916
7	\$77,544
8	\$86,268

Does your family meet the requirements for free and reduced lunch? Check one

- Yes - My family meets the requirements for free and reduced lunch
- No - My family does not meet the requirements for free and reduced lunch

I have made any corrections or updates on my child's registration and filled out all necessary paperwork.

_____ (Parent signature) _____/_____/_____ (Date)