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### Student Registration (2022 - 2023)

Student Name: (first, middle, last) \_\_\_\_\_ Grade level: \_\_\_\_  
Address: \_\_\_\_\_  
Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth: \_\_\_\_\_  
Baptized: yes/no Date: \_\_\_\_\_  
Church denomination: \_\_\_\_\_

### Parent Information

Child lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_  
Father Name: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_  
Mother Name: \_\_\_\_\_ cell: \_\_\_\_\_ work: \_\_\_\_\_  
Address (if different from student): \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Information

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: \_\_\_\_\_

Special medical information (allergies, medications, etc.):

## 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 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: (Circle one)    White    Chocolate    Either  
\_\_\_\_\_ I do not want my child to have milk.  
\_\_\_\_\_ (Parent initials)

### **Field Trip Attendance**

Yes/No 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.

Parent names: \_\_\_\_\_

Child's physician: \_\_\_\_\_

Wears glasses: yes/no    Wears contacts: yes/no    Hearing problems: yes/no

Last tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

Mothers Phone: \_\_\_\_\_

Fathers Phone: \_\_\_\_\_

Emergency Contact:

    Name: \_\_\_\_\_

    Phone: \_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

**Christian Worship Hymnal**

**Luther's Catechism**

Grades 4<sup>th</sup> – 8<sup>th</sup> are required to have a hymnal. We learn hymns, sing, study, ect. These can be purchased from the school, at approximately \$23.

Grades 5<sup>th</sup> – 8<sup>th</sup> are required to have a Luther's Catechism. Students have class twice a week with a pastor. These also can be purchased from the school, at approximately \$20.

The school orders these during the summer and will have them here by the first day of school.

My student needs: (one or both, please mark the line)

\_\_\_\_\_ Hymnal

\_\_\_\_\_ Catechism

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

\_\_\_\_\_ (Parent signature)

\_\_\_\_\_ (Date)