



For Office Use Only

Submitted \_\_\_\_\_

Observation \_\_\_\_\_

# RED HILL LUTHERAN CHURCH & SCHOOL

13200 Red Hill Avenue • Tustin • CA 92780 • Phone 714.544.3132 • Fax 714.544.8176 • redhillschool.org

## PRESCHOOL: NEW STUDENT APPLICATION 2016-2017

**APPLYING FOR:** ☐ Tiny Tots (3 Years old by 12/1/16) ☐ Pre-Kindergarten (4 Years old by 9/1/16) ☐ PreK-5 (previously known as TK)

*Please indicate attendance choice in order of preference by listing "1" for first choice, "2" for second choice, and "3" for third choice:*

\_\_\_\_ 5 Days Per Week (M-F: 9:00 a.m. – 3:00 p.m.\*)

\_\_\_\_ 3 Days Per Week (M/W/F: 9:00 a.m. – 3:00 p.m.\*)

\_\_\_\_ 2 Days Per Week (T/TH: 9:00 a.m. – 3:00 p.m.\*)

\* DAYCARE IS AVAILABLE BEFORE AND AFTER-SCHOOL  
FROM 7:00 – 9:00 A.M. AND 3:00 – 6:00 P.M. FOR AN ADDITIONAL FEE.

Student's Name \_\_\_\_\_ Name goes by \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City Zip

☐ Male ☐ Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Spirit Shirt Size: Youth: XXS XS S M L

Birthplace \_\_\_\_\_ Primary language spoken at home \_\_\_\_\_

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other \_\_\_\_\_

*This information is requested for state reporting purposes only and is not a factor in determining enrollment eligibility.*

Church Attendance (please mark one box):

☐ Currently attend Name of Church: \_\_\_\_\_ City: \_\_\_\_\_

☐ Looking for a church

☐ Not looking for a church

FATHER/GUARDIAN	MOTHER/GUARDIAN
Name _____	Name _____
Address _____ (complete if different from student's address)	Address _____ (complete if different from student's address)
City _____ Zip _____	City _____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
E-mail _____	E-mail _____
Occupation _____	Occupation _____
Employer _____	Employer _____

Parents' Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widow/Widower

If divorced, who has legal custody of student? ☐ Father ☐ Mother ☐ Joint

Student lives with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other \_\_\_\_\_

RELATIVES OR FRIENDS ATTENDING RHLS		SIBLINGS		
_____	_____	_____	_____	_____
Name	Relationship	Name	Grade	School Attending
_____	_____	_____	_____	_____
Name	Relationship	Name	Grade	School Attending

How did you hear about Red Hill Lutheran School? \_\_\_\_\_

Have you had a school tour? ☐YES ☐NO If yes, when? \_\_\_\_\_ If no, please call (714)544-3132 x111 to schedule.

Please explain why you would like your child to attend Red Hill Lutheran School. \_\_\_\_\_

\_\_\_\_\_

Please give a statement of your family's Christian beliefs. \_\_\_\_\_

\_\_\_\_\_

Please list all grade level(s) you currently plan your child to attend at Red Hill Lutheran School. (Preschool through Grade 8) \_\_\_\_\_

Does your child have any learning disabilities or special needs ☐YES ☐NO (If yes, please explain)\_\_\_\_\_

\_\_\_\_\_

Please list any information that might help the teachers best meet your child's needs. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐YES ☐NO I give permission to include our email in the School Directory.

☐YES ☐NO I give permission to use my child's photo in school printed publications, advertising and websites.

**I hereby certify that the information on this application is accurate and complete and that inaccurate or incomplete information may result in non-acceptance or dismissal from school.**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Parent or Legal Guardian

## EMERGENCY INFORMATION

In addition to the parents and guardians previously listed, please PRINT the following information for persons who may be called or to whom the student may be released should the school be unable to contact the parents.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone

Work Phone

Home Phone

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone

Work Phone

Home Phone

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone

Work Phone

Home Phone

Please list the following information for persons to whom the student may **NOT** be released:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(If applicable, a copy of Restraining Order must be provided to the office.)

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## AUTHORIZATION FOR TREATMENT

Child's Doctor \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Please Describe Any Serious Health Problems/Allergies \_\_\_\_\_  
(Allergy Action Plan form must be completed for any allergies.)

Please list any medications being used (Include dosage/frequency) \_\_\_\_\_

I/We, the undersigned parent(s) or guardian(s) of the above named child, a minor, do hereby authorize the teachers or staff of Red Hill Lutheran School and Church to act as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon under the provisions of the Medicine Practice Act and any hospital whether such diagnosis and/or treatment is rendered at the office of a physician or at a hospital. This consent is also to extend to any dentist licensed under the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment and/or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, and/or hospital care which the physician/dentist, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain effective until **August 31, 2017** unless sooner revoked IN WRITING, and delivered to said agent(s). It is understood that an effort shall be made to contact the undersigned prior to the rendering of treatment, but that such treatment will NOT be withheld if the undersigned cannot be reached. I will not hold Red Hill Lutheran Church and School, its teachers or staff, liable for medical aid rendered or consent given for diagnosis and/or treatment of my child.

I/We the undersigned parent(s) or guardian(s) of the above named child, a minor, do hereby certify that the information provided to the school is accurate, and we authorize Red Hill Lutheran Church and School staff to release our child to those individuals named. I/We also understand that it is my/our responsibility to keep the school office informed of any changes in the information.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian

## ACKNOWLEDGEMENTS

*Red Hill Lutheran School provides a Christ-centered, well-balanced education that promotes the academic, spiritual, physical, and creative development of all students according to their unique learning styles, gifts, and abilities. We believe the close cooperation of school and family is essential. We rely seriously upon the fact that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child.*

- **ENROLLMENT ELIGIBILITY:** I understand the following requirements for eligibility to attend Red Hill Lutheran School:
  1. Parents and the student must support our goals and purposes as a Christian school, including our Statement of Faith, Religious Belief Policy and Covenant Commitment.
  2. My child must be three years of age by December 1, 2016 and fully potty-trained to enroll in the Tiny Tots class and four years of age by September 1, 2016 and fully potty-trained to be enrolled in the Pre-Kindergarten class.
  3. Continued enrollment eligibility is contingent upon a current family account balance as well as continued support and respect of school philosophies, beliefs, policies, procedures, administration, faculty, and staff.
- **FAMILY SERVICE HOURS:** I understand that PRIDE is a mandatory parent participation program designed by the Parent-Teacher Fellowship (PTF) to increase support and involvement in order to ensure the optimum school experience for each child. I understand that all families are required to participate in the program, and the hours are to be served by the parent(s)/legal guardian of the student(s) enrolled at Red Hill Lutheran School. For the 2016-2017 school year, all families are required to serve ten hours for full-time students or five hours for part-time Preschool students or pay the equivalent of \$25.00 for each non-served hour, for a maximum of \$250.00 per family per year for full-time students or \$125.00 per family for part-time Preschool students. I agree to serve the required hours for my family or will pay the equivalent cost required by June 1, 2017.
- **INVOLVEMENT:** I will assist my child in having the best academic experience possible by committing to the following:
  - I will provide all requested information to the school office in a timely manner.
  - I will participate in conferences with school personnel as requested and support mutually agreed upon decisions.
  - I will read the 2016-2017 Parent-Student Handbook and will reinforce the school's Behavior Expectations as well as all of the policies and expectations described in it.
  - I will be responsible for my child's attendance and prompt arrival and pick-up each day. I understand that I am required to sign my full name when signing in and picking up my child each day.
- **FINANCIAL RESPONSIBILITY:** As the person enrolling named student, I understand that I am financially responsible for ALL tuition and school fees. I also understand that the Registration Fee is non-refundable/non-transferable and must be submitted with this application. Furthermore, I understand that I am required to complete all Preschool State Licensing Forms before my child may be admitted into the Preschool program. To maintain CURRENT enrollment status, I acknowledge that all account balances must REMAIN current. I acknowledge that the first of ten tuition payments is due on or before July 1, 2016, and that tuition is due on or before the first day of each month. I understand that I will not be billed for tuition payments. I acknowledge that payment on all student accounts received after the 5<sup>th</sup> of the month will result in a 10% late fee and that account balances past due may result in student withdrawal from Red Hill Lutheran School.

*My signature affirms that the information I have provided on this application is complete and accurate, that I agree to adhere to all Red Hill Lutheran School policies and procedures as explained in this application as well as in the 2016-2017 Parent-Student Handbook, and that I understand and agree to the terms outlined in the 2016-2017 Fees & Tuition Schedule.*

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian