



# St. Paul Lutheran School

## Student Registration and Emergency Information

*A form must be completed for each student attending St. Paul Lutheran School.*

**Completion of this form officially enrolls your child.**

STUDENT NAME (FIRST, MIDDLE, LAST)

GRADE ENTERING

DATE OF BIRTH

**Pre-School and Transitional Kindergarten Students** - Please circle days attending:

Mornings MON TUES WED THUR FRI  
Afternoons MON TUES WED THUR FRI

Student's HOME ADDRESS

If no changes from the 2021-2022 school year are necessary, please complete all of page one. If information has changed, please make the necessary changes, sign the "Delegation of Right to Consent for Medical & Dental Treatment of a Minor" and "Field Trip Release" below and the "Parent /Legal Guardian Declaration" on page 4.

### Delegation of Right to Consent for Medical and Dental Treatment of a Minor Child

I am parent/guardian of \_\_\_\_\_, a minor of whom I have legal custody. I authorize any staff member of St. Paul Lutheran School and Church, West Point, Nebraska, in my absence to consent to medical, surgical, or dental treatment and diagnosis to be rendered to the above minor under the supervision and on the advice of any physician or surgeon, or dentist licensed to practice in the State of Nebraska.

**This delegation is intended to be in effect from August 14, 2022 to May 31, 2023.**

Dated \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Parent/Guardian*

### FIELD TRIP RELEASE

I give permission for my child to attend the activities/field trips offered throughout the year. I release St. Paul School, Staff and Volunteers for any and all liability for accident, injury, etc. which may occur during the time of any school day and/or activity.

\_\_\_\_\_  
*Signature of Parent/Guardian*

### PARENT/LEGAL GUARDIAN DECLARATION

The information provided for the 2021-2022 school year is still true, correct and complete. I identified all parents and legal guardians for my child. The individuals identified as the "parent/legal guardian" have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

Further, I recognize that it is my responsibility to notify the school should the above information change.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*

Office Use Only: Date Form Returned \_\_\_\_\_  
Date 1st Day of School \_\_\_\_\_  
Date Entered into TeacherEase \_\_\_\_\_

Please fill out completely. These phone numbers are important in the event of an emergency.

**FATHER/GUARDIAN**

**MOTHER/GUARDIAN**

NAME \_\_\_\_\_  
ADDRESS (IF DIFFERENT FROM STUDENTS') \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
PLACE OF WORK \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS (IF DIFFERENT FROM STUDENTS') \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
PLACE OF WORK \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
E-MAIL \_\_\_\_\_

**EMERGENCY CONTACTS other than parents, listed above**

NAME \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

NAME \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
Relationship to Student \_\_\_\_\_

**MEDICAL CONCERNS**

Please list any Medical Conditions: \_\_\_\_\_

Currently Prescribed Medications: \_\_\_\_\_

Will the Medication be Administered by School Staff?  No  Yes

\*\*\* If "Yes" please be sure to fill out a Medication Form. \*\*\*

Does the Child have **Asthma**?  No  Yes

Allergic to **Bee** Stings?  No  Yes

Allergic to **Peanut** Products?  No  Yes

Any Other **Allergies**? Please List: \_\_\_\_\_

\*\*\* The school office must have: \*\*\*

**Each Child's Health Insurance Card, Birth Certificate, & Immunization Record on file.**

**PLEASE NOTE:** School officials will administer first aid and/or take your child to a physician or hospital for medical treatment in the event it appears necessary and neither parent/guardian can be contacted. Therefore we must have your insurance card on file.

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

## AFTER SCHOOL

Classes are Monday through Friday 8:00 am through 3:30 pm unless otherwise scheduled. After school care is provided on full school days, through our after school program, Kingdom Kids. *\*Please note that if your child is not picked up by 3:45 pm they will go to Kingdom Kids and charges will apply accordingly.*

Will your child be going to our after school program: Kingdom Kids?  No  Yes  
 Full-time  Drop-In

Does your child have permission to walk home after school?  No  Yes

Does your child have permission to walk to the West Point Public Library after school ?  
 No  Yes

Other than yourself who has permission to pick up your child?

\_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**We welcome you to visit and attend church services with us at St. Paul Lutheran Church. Worship services are held at 6 pm Saturdays and 10:30 am Sundays. Children's Church is the 2nd & 4th Sundays, during the church service. You and Your Family are Welcome to join us anytime.**

Please check here, if you would like someone to contact you with more information about our church, St. Paul Lutheran Church, Missouri Synod (LCMS)  No  Yes

Please list your family's church (church name and town): \_\_\_\_\_

Does your family regularly attend church?  No  Yes

Does your child attend Sunday School?  No  Yes

Has your child been confirmed?  No  Yes

Please list the church and date: \_\_\_\_\_

Has your child been baptized?  No  Yes

If your child has been baptized, please list the church and date: \_\_\_\_\_

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Primary language spoken in the home: \_\_\_\_\_

Is the child adopted?  No  Yes

Child's ethnicity:  White  Asian-American  African-American  Hispanic-American  
 Native-American  Multiracial  Other \_\_\_\_\_

Parents' marital status:  Married  Separated  Divorced  Remarried  Single

Child is living with:  Both Parents (full time)  Mother (only)  Father (only)

Both Parents (part time) please explain Schedule: \_\_\_\_\_

Please list siblings' names, their ages, and the school they attend:

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**MEDIA RELEASE**

In order to share our faith, promote our school, and tell others about the great things happening at our school, **we are requesting your permission to post photographs** of your child on our school website, the plasma screen in the main lobby, the West Point News, on social media, and other outlets as the need arises. If you agree, please check yes.  No  Yes

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**PARENT/LEGAL GUARDIAN DECLARATION**

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Further, I recognize that it is my responsibility to notify my child's school should the above information change.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*