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# Registration Form A - Family Information

**Student Information:** (first - middle initial - last)

Name:	DOB:	Grade:
Name:	DOB:	Grade:
Name:	DOB:	Grade:
Name:	DOB:	Grade:

**Children Not Enrolling at St. John:**

Name:	DOB:
Name:	DOB:

**Parent Information:**

Please check box for primary emergency contact. All fields must be completed.

<b>Father:</b>	Home Phone:
Address:	Work Phone:
	Company Name:
	Occupation:
Email:	Cell:

<b>Mother:</b>	Home Phone:
Address:	Work Phone:
	Company Name:
	Occupation:
Email:	Cell:

(Continued on back)

**People allowed to pick up your child and Emergency Contact (other than mother/father):**

Name: Home Phone:

Relationship to Child: Work Phone:

Cell:

Name: Home Phone:

Relationship to Child: Work Phone:

Cell:

Name: Home Phone:

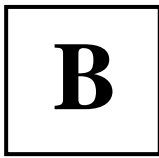
Relationship to Child: Work Phone:

Cell:

**Home School District - Name & Number:**

Signed:

Date:



# Registration Form B - Authorization

## Authorization to Treat a Minor and School Activities Release Form

I (We), the undersigned parents or legal guardians of \_\_\_\_\_, a minor, do hereby authorize the doctors on duty as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or any surgical diagnosis or treatment and any hospital care which is deemed advisable by, and is rendered under the general supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis is rendered at the office of said physician or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, 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, or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective until **May 31, 2021**, unless sooner revoked in writing and delivered to St. John Evangelical Lutheran School of St. John Evangelical Lutheran Church of Libertyville, Illinois.

Signature of Parent/Legal Guardian

(Date)

<p><b>I. Mark Any Allergies and/or Sensitivities</b></p> <p>Antibiotics</p> <p>Narcotics</p> <p>Novocaine or other anesthetics</p> <p>Aspirin or other pain remedies</p> <p>Sulfa drugs</p> <p>Tetanus antitoxin/other serums</p> <p>Adhesive tape</p> <p>Iodine or methiolate</p> <p>Any other drug or medication</p> <p>Any foods</p> <p>Animals</p>
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<p><b>II. Drugs Taken Recently</b></p> <p>Cortisone</p> <p>ACTH</p> <p>Anticoagulants</p> <p>Tranquilizers</p> <p>Hypotensives</p> <p>Other</p>
<p><b>III. Received Treatment For</b></p> <p>Asthma</p> <p>Rheumatism</p> <p>Rheumatic fever</p>

Father Name:

Mother Name:

Father Work Phone:

Mother Work Phone:

Father Cell Phone:

Mother Cell Phone:

Home Address:

Family Physician Name:

Physician Phone:

Child's DOB:

Insurance Company:

Policy & Group #:

**Also include copies of your child's current immunization records and their birth certificate.**

I (We), as parent(s) or legal guardian(s) of the above named student, do hereby and herewith give and grant permission to my child to participate in school activities, field trips, and athletic events. I further agree to hold and save harmless the School Board, principal, teachers, and congregation of St. John Lutheran Church and School, 501 W. Park Avenue, Libertyville, IL from all suits, claims, or demands of every kind and character arising out of or in connection with the said special activity in which my said child shall take part and participate in.

Signature of Parent/Legal Guardian

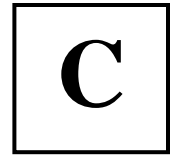
(Date)



# St. John Evangelical Lutheran School

*www.StJohnsLib.com*

Phone (847) 362-4424 Fax (847) 367-9858



## Registration Form C - Agreements and Permissions

Please print the first and last name for each child enrolled at St. John:

Yes **SCHOOL DIRECTORY:** St. John has permission to include my family's name, child's name, address, and phone number in the school directory.

No

Signed

Date:

Yes **PHOTOGRAPHS/VIDEOS:** St. John has permission for my child to be photographed/recorded in school activities. Photography/recording may be done by school staff, professional photographer, or news media.

No

Signed

Date:

Yes **YEARBOOK:** St. John has permission for my child's picture to be taken and published in the yearbook.

No

Signed

Date:

Yes **FACEBOOK/WEBSITE:** St. John has permission for my child's picture to be published on the St. John website and Facebook page.

No

Signed

Date:

Yes **SCHOOL HANDBOOK:** I have received a copy of the handbook containing the operational policies and goals of St. John School. I have read these policies and agree to abide by them.

No

Signed

Date:

Yes **FIELD TRIPS:** I hereby give authorization for my child to attend field trips, neighborhood walks, and school presentations. If I wish to not have my child attend a specific event, I can notify the office.

No

Signed

Date:

Yes **HEALTH REGULATIONS:** I understand that in order for my child to attend school, records showing that all immunizations are current, along with an up to date physical examination by the first day of school.

No

Signed

Date:

Yes **TECHNOLOGY USE:** I have read and understand the St. John Acceptable Use Policy in the Student Parent Handbook and agree to the terms and conditions stated.

No

Signed

Date:

Yes **FINANCIAL:** I have read the financial policies as stated in the Student Parent Handbook and agree to abide by them.

No

Signed

Date:



**St. John Evangelical Lutheran School**

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**D**

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## **Registration Form D - Church Background**

### **Parents/Guardians**

Last Name:

First Name:

Name of Student(s):

Church:

City:

Denomination:

**CHURCH BACKGROUND AND COMMITMENT:** We at St. John believe regular worship and Bible study are vital to personal spiritual growth. Regular worship is commanded by God and helps equip parents for their God given responsibility to teach their children about God and His will. It also reinforces what we are teaching the children in our school. It is our goal at St. John to assist, but not replace, parents in the important Christian training a child should receive. By enrolling your child in our school you are declaring your agreement with our belief that Christian education is important and are committing to our entire curriculum that includes: Bible study, memory work, hymnology, and regular worship with faithful use of God's means of grace at either St. John or your own home church.

**REQUIREMENTS OF NON-MEMBER FAMILIES:** Families who are not members of St. John but are **active** in another church are required to attend a two hour class on basic Lutheran doctrine. This class will inform you of what we believe and teach at St. John. Families who are **not active** in any church are asked to take either the Basic Lutheran Doctrine class or the Bible Information Class. We pray that through these classes the Holy Spirit would move you to worship faithfully with your children at St. John or another church.

(Continued on back)

**I hereby certify that:  
(check one)**

We are **communicant members of the WELS** church listed above and promise to worship faithfully with our children.

We are **active in a church that is not part of the WELS** and promise to worship faithfully with our children. **We have already taken** the Bible Information Class or the Basic Lutheran Doctrine Class.

Approximate date taken:

We are **active in a church that is not part of the WELS** and promise to worship faithfully with our children. **We also promise to attend** the Basic Lutheran Doctrine (BLD) Class required of non-members, and understand that failure to do so may result in our child being ineligible for enrollment. (Please select a date below.)

We are **not active in any church**, but promise to take either the Basic Lutheran Doctrine Class or the 18-week Bible Information Class. We understand that failure to do so may result in our child being ineligible for enrollment. (Please select a class below.)

I hereby certify that the above information is accurate.

Signed:

Date:

**Basic Lutheran Doctrine Class Dates:**

Class date will be announced and sent via email. What times are best for you?

Please check one:

Sunday afternoons

Sunday evenings

Saturday mornings

Weekday evenings

**18 Week Bible Information Class:**

Runs continuously throughout the year  
on Sunday mornings.