

OUR REDEEMER LUTHERAN SCHOOL

8520 Winnetka Ave.

Winnetka, CA 91306

818-700-0390

License # 191290164

STUDENT ENROLLMENT APPLICATION

(2014-2015)

SUMMER _____

FALL _____

Summer Registration-\$50.00 (NON-REFUNDABLE)

CHILD'S BIRTHDAY _____ - _____ - _____

CLASS _____

Please check your preference:

PRESCHOOL Fall Registration--\$175.00 (NON-REFUNDABLE)

DAYS: M ___ T ___ W ___ Th ___ F ___

TIME: Half Day: 9:00 – 12:30 _____

Flex Day: 9:00 – 3:00 _____

Full Day: 7:00 – 6:00 _____

STUDENT'S NAME _____ **Boy / Girl**

Address _____
Last Name First Name Middle Initial

Street City Zip

Home Telephone _____ Cell Phone _____

Email Address _____

FATHER'S NAME _____ **Business Telephone:** _____

Home Address _____

Street City Zip

Place of Employment/Occupation _____

MOTHER'S NAME _____ **Business Telephone:** _____

Home Address _____

Street City Zip

Place of Employment /Occupation _____

SIBLINGS /Ages _____

List any and all Allergies to FOOD/ MEDICATIONS _____

How did you hear about O.R.L.S.: _____

Please let us know where your family attends worship services: _____

Are you interested in learning more about the Christian faith? _____

Has your child been baptized? _____

DRIVER'S LICENSE # : FATHER _____ MOTHER _____

SOCIAL SECURITY # : FATHER _____ MOTHER _____

Medical Insurance Co. _____ Policy # _____

I am interested in the **Hot Lunch Program** _____ **Milk** _____

ARRIVAL TIME

Part time preschool children may begin arriving no earlier than 8:45 am. Any part time students arriving before these times will be charged daycare at a rate of \$7.00 or \$8.00 (Two year old Potty Training Class) per hour or portion thereof.

EXTENDED DAY PROGRAM (EDP) is available for a fee of **\$7.00 per hour**, and the **Two year old Potty Training Class is \$8.00 per hour**. Holiday EDP will be provided for full time students unless otherwise specified. Part time students may sign-up for EDP holidays for an additional charge if space permits.

I AM INTERESTED : Helping with special events _____

I agree to indemnify and to hold harmless Our Redeemer Lutheran School, its Executive Board, teachers, or agents from all liability resulting from injuries to or damage sustained by my child while he/she is a participant on campus.

I (Parents or Guardians) do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and /or surgeon licensed under the provisions of the Medical Practice Act of the medical staff of a licensed hospital whether such diagnosis on treatment is rendered at the office of said physician or at said hospital.

In signing this application, parents/guardians automatically agree to abide by the principles of the school as set forth in the application forms and the school handbook.

PARENT'S/LEGAL GUARDIAN'S SIGNATURE **DATE**

DIRECTOR'S SIGNATURE **DATE**