

St. John's Lutheran School
4500 Buena Vista Road
Bakersfield CA 93311
(661) 664-8090
Kindergarten



Grade child will enter _____ for school year 2018-19

Student's Name _____ Preferred first name _____

Social Security No. _____ Gender _____ Date of Birth _____

*Citizenship _____ *Native Country _____ *Race _____

School attended last year _____
(Include Address, if different than St. John's)

Language spoken in the home _____

Parent/Guardian Information

If both parents are NOT legal guardians, please indicate relationship and address of legal guardians.

Father Step-father Grandfather Legal Guardian other _____ (explain)

Name _____ Email _____

Home Address _____ Zip Code _____

Occupation _____ Employer _____

Home phone _____ Cell phone _____ Work phone _____

Mother Step-mother Grandmother Legal Guardian other _____ (explain)

Name _____ Email _____

Home Address _____ Zip Code _____

Occupation _____ Employer _____

Home phone _____ Cell phone _____ Work phone _____

Parents live together with student

Parents live separately

Student lives with other adult(s) in home _____
(Please explain)



Are you a member of St. John's Lutheran Church? Yes No (if no, please fill in the information below)

Please list the church you attend regularly or are a member of _____

Has student been baptized? Yes No (if, yes) Date _____

*Mandatory for school statistical reporting

Student's Name _____ Grade child will enter _____ for 2018-2019 school year



Are all educational accounts at St. John's or any other private school considered current at this time?

Yes No

Has student ever:

- Been recommended to repeat a grade? No Yes
- Repeated a grade? No Yes
- Been dismissed or suspended from any school for any reason? No Yes If yes, please explain (include name of school and principal) _____

Is student self-sufficient regarding:

- Communicating? No Yes
- Toileting? No Yes
- Feeding? No Yes
- Dressing? No Yes

St. John's retains the right to dismiss any student if the school, in its sole discretion, determines that the welfare of the child or the school requires such dismissal.



Other children attending SJLS in 2018-2019

Name _____ Grade _____ Name _____ Grade _____

Children attending St. John's Children's Center in 2018-2019

Name _____ Full-time/Part-time Name _____ Full-time/Part-time

EXTENDED CARE

Before School Session: 7:00-8:00 AM

After School Session: 3:00-6:00 PM

We will need the before school session. Yes No

We will need the after school session. Yes No

We will need both sessions. Yes No

Before school Session \$1250.00/year (\$125.00/10 months)

After school Session \$1750.00 (\$175.00/10 months)

Both Sessions \$2500.00 (\$250/10 months)

Fees are paid on a 10 month basis (August through May)

Student's Name _____ Grade child will enter _____ for 2018-2019 school year

2018- 2019 EMERGENCY CONTACT INFORMATION



Should an emergency situation arise during the school day or in extended care with your child, **the parents/guardians will be called first.** *If parents cannot be reached,* we will contact the people listed below in numerical order.

These people are also authorized to take my child from the school campus.

(1) Name _____ Relationship _____ Phone _____

(2) Name _____ Relationship _____ Phone _____

(3) Name _____ Relationship _____ Phone _____

(4) Name _____ Relationship _____ Phone _____

If the physician or any of the aforementioned persons cannot be reached, we (I) hereby authorize St. John's to act in our (my) stead, signing needed releases for medical care, and this care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Physician to be called in emergency _____ Phone _____

Medical Insurance Company _____ Hospital preference _____

Dentist to be called in emergency _____ Phone _____

List of allergies: food, medicine, etc. _____

Allergy form must be completed and submitted to the office prior to the first day of school.

List of prescribed medications your child is taking _____

All medications will be kept in the school office. Consent to administer medication form must be on file in the school office before medication can be disbursed.

This form is complete when signed and returned to the school office with the **(non-refundable)** registration and book fees.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____