

**KINDERGARTEN
ENROLLMENT
PACKET**



Zion Lutheran School

15342 JERALDO DRIVE; VICTORVILLE, CALIFORNIA 92394
760.243.3074 WWW.ZIONVV.ORG

STUDENT INFORMATION

Date: _____
Student Name (Last, First, MI): _____
Gender (Circle One): Male Female Grade (Entering): _____
Address: _____
Home Phone: _____ Date of Birth: _____

Church Attendance (Circle One): Regular | Often | Occasionally | Seldom | None
Student Baptized: Yes | No Date (If Yes): _____
Parents Church Affiliation: _____

Student Lives With: _____
Last School Attended: _____
Ethnicity (Circle One): African American | Hispanic | Caucasian | Asian | Other: _____
Language Spoken at Home: _____

Parent 1 (Circle One): Father | Stepfather | Mother | Stepmother | Guardian | Other: _____
Name (Last, First, MI): _____
Address: _____
Primary Phone: _____ Type (Circle One): Cell Phone | Home Phone
Secondary Phone: _____ Type (Circle One): Cell Phone | Home Phone
Drivers License #: _____
Marital Status: Single | Married | Separated | Divorced | Widowed
Email Address: _____

Parent 2 (Circle One): Father | Stepfather | Mother | Stepmother | Guardian | Other: _____
Name (Last, First, MI): _____
Address: _____
Primary Phone: _____ Type (Circle One): Cell Phone | Home Phone
Secondary Phone: _____ Type (Circle One): Cell Phone | Home Phone
Drivers License #: _____



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ZION PROVIDES BEFORE AND AFTER SCHOOL CARE THIS PROGRAM IS NOT INCLUDED IN THE SCHOOL TUITION

HOURS: 6:00AM - 8:00AM
3:00PM - 6:00PM

- SAC fee is \$7.00 per hour (per child)
- Holidays \$20.00 per day
- An additional fee of \$1.50 per minute (per child) will be charged for children picked up after 6:00 pm
- Students who are not clocked out of SAC at the Time Clock will be charged for the full time.

Payment Option

- Scheduled ACH payment
- Payment made to school

Payment is due by the last day of the month to avoid late fees

I understand that S.A.C. Fees are separate from the tuition and must be kept current for my child to continue participation in the program:

Parent Signature: _____ Date: _____



ZION FINANCIAL INFORMATION

Student Name (Last, First, MI): _____

Name (Last, First, MI): _____

Zion is able to offer 3 different payment plans Please choose which you would like for your tuition payments for the coming year:

- Payment in full (due prior to the 1st day of school)
- 10 Month payments (Adjusted by starting date)
 - 1st of the month
 - 15th of the month
- 12 Month payments (Adjusted by starting date)
 - 1st of the month
 - 15th of the month

Would you rather receive your monthly financial statements and/or reminders by e-mail or on paper?

- Yes I would like to receive statements and reminders by email.
- No I'd like to receive a paper copy of my statement and all financial contacts.

E-mail address: _____

A Joyous Oasis Sharing Life Through Christ

School use only

Tuition: _____

Tuition: _____

Tuition: _____

Registration: _____

Discounts: _____

Total all Tuition: _____

Monthly Tuition: _____

Parent/Guardian Signature

Date



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Previous School Attended

Name of School: _____

Address of School: _____

City, State And Zip: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to the above named school, all records, including grades, health records, and any other developmental information regarding the below named pupil.

Name of Student (Last, First, MI): _____

Date of Birth: _____

Grade Entering: _____

Parent/Guardian Signature

Date



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MEDICAL AND LIABILITY RELEASE FORM

Student Name (Last, First, MI): _____

Grade (Entering): _____ Date of Birth: _____

Address: _____

Primary #: _____

Secondary #: _____

Medical Insurance Company: _____

Group or Policy Number: _____

Activity Restrictions (Circle One): Yes | No

Explain Restrictions:

Anything else we need to know about your son/daughter (allergies, epilepsy, heart condition, fainting spells, etc....)

Parent/Guardian Signature

Date



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Emergency Contacts

Name: _____ Phone #: _____

Relationship to student: _____

Address: _____ City: _____

Name: _____ Phone #: _____

Relationship to student: _____

Address: _____ City: _____

Name: _____ Phone #: _____

Relationship to student: _____

Address: _____ City: _____

Family Doctor: _____ Phone# _____ Emergency

Hospital: _____

Medical Liability Release

Every activity sponsored by this school is planned and adequately supervised by adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in school-related activities. They also agree not to hold this school or its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. As the Parent or authorized representative, I hereby give consent to Zion Lutheran School to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.). The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective while student is enrolled in school.

Parent/Guardian Signature

Date



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Media and Photo Release for Minors

I, being the parent/guardian of _____, hereby consent that the photographs or videos taken of him/her during their tenure while he/she is enrolled at Zion Lutheran School as a student may be used by Zion Lutheran School.

These pictures may be used throughout the school, on Zion's Facebook page, in the school, in the local newspapers or the school's website. Furthermore, I consent that such photographs and or videos shall be the property of Zion Lutheran School, which has the right to duplicate, reproduce and make other uses as Zion Lutheran School deems necessary and that I will not be compensated for these uses. I agree that these images and/or voice recordings may be used by for a variety of purposes and that these images may be used without further notifying me.

I understand that the child's name will not be used in conjunction with any video or digital images.

I waive the right to inspect or approve the uses of any printed or electronic copy. I hereby release Zion and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

- I DO NOT give my consent to use my child's image and voice recordings in any way
- I GRANT permission for Zion to use my child's image and voice recordings
 - Internal use: includes Church and School bulletin boards, Newsletters, Yearbook, Bulletins, and other internal publications.
 - Printed Materials: Includes Brochures, promotional materials, and other printed forms of marketing.
 - Digital Materials: Includes placement on social media, World Wide Web, Email, Digital newsletters, presentations, or other digital materials created for public consumption.
 - Unrestricted use: I give unrestricted permission for images, videos, and recordings of my child to be used in any manner Zion sees fit

Name of Parent: (Last, First, MI): _____

Parent/Guardian Signature

Date

This paper will be kept on file in the School Office. Parents have the right to update and change this at any time during the school year.



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Nondiscrimination Policy

The following is a copy of the nondiscrimination policy of Zion Lutheran School. In accordance with the provisions of the law, notice of the policy must be given to all employees, students, and parents of students.

Nondiscrimination Policy, Title IX, Education Amendments of 1972, Prohibiting Sex Discrimination in Education. Zion Lutheran School does not discriminate in its educational programs or its activities on the basis of sex. The law prohibits schools from such discrimination. Nondiscrimination in educational programs and activities extends to employment and to admission. Regulations governing this policy are found in Title IX of the Educational Amendments of 1972 (from the U.S. Department of Health, Education, and Welfare/Office of Civil Rights). Any complaints about sex discrimination at Zion should be brought to the attention of the Board of Christian Education.

RETAIN FOR YOUR OWN RECORDS



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DRESS CODE

Our dress code is to create economic equality, Christian visibility to the community, and safety during field trips. This policy will be firmly enforced by the staff.

- SHIRTS: Zion's royal blue polo shirt, white collared polo shirt, or blouse.
- PANTS/SHORTS: Navy blue or khaki.
- SKIRTS: Navy blue, khaki, or plaid pleated.
- JUMPER: V-neck, Navy blue, khaki, or plaid pleated.
- BELTS: Must be worn.
- SHOES: Tennis shoes or white tennis shoes. There will be no open toed sandals.
- SOCKS: Boys are to wear socks. Girls are to wear socks/tights.
- SUNGLASSES: Recommended due to extreme UV conditions.
- FIELD TRIPS: Zion's monogrammed royal blue polo shirt is required

Friday is free dress day. Clothing should be proper and neat in their appearance (no holes or rips). Shorts are recommended to be worn under girl's dresses or skirts at all times. Hats may not be worn indoors. Please mark clothing with your child's name.

RETAIN FOR YOUR OWN RECORDS



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Review Of Student Records

In the course of your child's education, the school will keep records as deemed necessary to provide programs to meet his/her needs and interests. Such records include health information, test information, summaries of parent conferences, records of academic progress, etc. You have the right to inspect and review any and all records, files, and data related to your child. They will be available for such review at any mutually convenient time during the regular school day. To arrange for such a review, contact the principal. If you have any concern regarding the accuracy or appropriateness of any information or records maintained by the school, please do not hesitate to inform your school of that concern.

Confidentiality of Records

1. Parents or representatives have the right to inspect and review educational records relating to their child within 5 days of the initial request and receive copies of desired at a reasonable cost. Parents may also request and receive within 5 days, a list of the types and location of educational records collected, maintained or used by the school pertaining to their child (121a.565). Individuals 16 years of age or older who have completed the 10th grade shall have the same right of access to their educational records as parents.
2. If a parent feels that information collected, maintained, or used is misleading, inaccurate, or invades the privacy or rights of the child, he may request the office to amend the information. The office will decide whether to amend the information within 30 days of the receipt of the request. If the office decides to refuse to amend the information, it shall inform the parent and advise the parents of the right to a hearing.
3. Parental consent shall be obtained before personally identifiable information is disclosed to anyone except as qualified in Section 121A.461. A record will be maintained of the names, date, and purpose for which access is authorized.
4. The school shall maintain an accurate listing of employees who have access to personally identifiable information. Such persons will receive instruction annually regarding the confidentiality of educational records.
5. Confidential information may be destroyed two years after the individual has, or would have graduated from 12th grade and in compliance with State regulations, or within 3 years after the information is no longer needed to provide educational services to the student. Parents will be notified at the last known address of their right to a copy of information collected, maintained or used prior to destruction.

RETAIN FOR YOUR OWN RECORDS



What Lutherans Believe

1. The entire Bible which points to Jesus as the Savior is the inspired and errorless Word of God. It is God's message of love and hope for all people.
2. There is only one true God, who exists in three persons: Father, Son and Holy Spirit.
3. God is the creator of everything that exists.
4. Adam and Eve, our first parents, were originally created by God pure and holy. They lived according to God's will, doing what was pleasing to Him.
5. Adam and Eve, the man and woman God created in the beginning, went against God's will and brought sin into the world. Since that time, all people have been conceived and born in sin. 6. Sin is living out of relationship with God, not living according to God's will, and thus transgressing His holy will in thought, word and deed.
7. People cannot save themselves by their good works or restore themselves to a right relationship with God.
8. God sent His Son, Jesus, into the world. He is both true God and true man. He lived to fulfill God's law for us, died on the cross to pay the penalty our sins deserved, and rose from the dead so that we might have eternal life. He ascended into heaven, where He now sits at the right hand of The Father to intercede for us.
9. Because of Jesus' death on the cross, God declares a person just or righteous and forgiven. This happens not because of human effort, but because the justification won by Jesus is applied to the one who believes in Jesus as Savior.
10. Faith in Jesus is a gift of God, given by the power of the Holy Spirit; thus all the glory belongs to God.
11. The means of grace are the Word, Holy Baptism and Holy Communion. By these means, the merits of Jesus' perfect life and atoning death are personally conveyed to all who believe in Jesus as their Savior.
12. Jesus will come again to take all believers to Himself. On the final day, all the dead will be raised. Those who are still alive will be bodily transformed. After this, the final judgement will take place. Unbelievers will go into eternal damnation, and believers into eternal life.
13. The true Christian church is made up of all believers of all times who believe in the Triune God and in Jesus Christ as their only Savior.
14. God wants Christians to join with other believers in churches which correctly teach God's Word and administer Holy Baptism and Holy Communion according to the teachings of Scripture. 15. Christians are called to tell others that the only way of salvation is by faith in Jesus Christ, and to show their faith by their deeds of love toward others.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ ZIP code: _____ SCHOOL: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)	DATE EACH DOSE WAS GIVEN				
		First	Second	Third	Fourth	Fifth
Health History	/ /					
Physical Examination	/ /					
Dental Assessment	/ /					
Nutritional Assessment	/ /					
Developmental Assessment	/ /					
Vision Screening	/ /					
Audiometric (hearing) Screening	/ /					
Tuberculin Test (Mantoux/PPD)	/ /					
Blood Test (for anemia)	/ /					
Urine Test	/ /					
Blood Lead Test	/ /					
Other	/ /					

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner _____

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ <i>Licensed Dental Professional Signature</i> _____ <i>CA License Number</i> _____ <i>Date</i> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school no later than May 31 of your child's first school year.
Original to be kept in child's school record.