

Immanuel Lutheran School Registration for 2025-26 School Year

Date Registration Submitted: _____



A Complete Registration Packet Includes:

_____ Registration Form
Immunezation (no exemptions)

_____ Up-to-Date SC Certificate of

_____ Birth Certificate

_____ \$300 Registration Fee (non-refundable)

Immanuel Lutheran School uses an online parent portal, called Brightwheel. This is where parents set-up payment method for tuition payments. All ILS Parents will need to set up a Brightwheel account.

All ACH/Debit accounts must be Set-Up and Verified on Brightwheel within ONE WEEK of REGISTRATION to secure your spot. Credit cards may be used for payments for a fee at your expense.

Please note: A child may not begin school without a complete registration, including an updated SC immunization form.

Office Use Only

Check # _____ Amount: _____ Date Received: _____ Class: _____

The Registration Fee is \$300 for all students and is due at the time of registration.

The registration fee includes all activities, field trips, supplies, and materials for the child for the school year.

Current Students who are using Brightwheel, the \$300 Registration Fee will be drafted.

All New Students and Students not currently using Brightwheel, Please Make a Check Payable to ILS for \$300.

Child's Full Name _____

Name child goes by _____ Date of Birth _____ Sex: Male -or- Female? (circle)

Child's home address _____

City _____ ZIP _____ Primary Phone # _____

Subdivision/Community, if any _____

Father's Name _____

Mother's Name _____

Father's Employment _____ Phone# _____ Cell# _____

Mother's Employment _____ Phone# _____ Cell# _____

Email Address _____

Siblings' Names and Dates of Birth _____

Please check the class you wish to enroll your child for the 2025-26 school year.

Please mark your 2nd choice in case your 1st choice is full.

() K1 Mon/Wed/Fri 9:00-12:00 (no lunch option)
() K1 Tues/Thurs 9:00-12:00 (no lunch option)
() K1 Five Days, Mon-Fri 9:00-12:00 (no lunch option)
(May need to combine M/W/F and Tu/Th classes for 5 days)

() K2 Mon/Wed/Fri 9:00-1:00
() K2 Tues/Thurs 9:00-1:00
() K2 Five Days, Mon-Fri 9:00-1:00

(May need to combine M/W/F and Tu/Th classes for 5 days)

() K3 Mon/Wed/Fri 9:00-1:00
() K3 Tues/Thurs 9:00-1:00
() K3 Five Days, Mon-Fri 9:00-1:00
(ILS currently offers one 5 Days, K3 class)

() K4 Mon/Wed/Fri 9:00-1:00
() K4 Five Days, Mon-Fri 9:00-1:00

Please fill out the reverse side of this form.

Church Denomination: _____ Church currently attending: _____

Is your child Baptized? Yes or No (circle) If Yes, What is his/her Baptism Birthday date: _____

Has your child previously attended preschool? _____ If so, where? _____

Please list any concerns you may have. Also, does your child have any special needs that you would like to discuss with the teacher or director? Does your child receive services for Speech, OT, PT?

ILS does not have staff available during the school day to provide extra support for children with special needs.

How did you hear about our School? () Friends (who? ☺) _____ () Front Sign

() Advertisements (where _____) () Other _____

In the event of an emergency, if parents cannot be reached, please contact:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

List all allergies (food or other) and any special precautions or treatment indicated for these allergies.

Please note if an Epi-Pen is required. _____

List any medications currently being administered to the child. _____

List any chronic health problems and history of hospitalization. _____

Child's Physician or Clinic _____

Address _____ Phone _____

MEDICAL EMERGENCY AUTHORIZATION

In the event reasonable attempts to contact me at (Phone) _____ or the other parent at (Phone) _____ has been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by (Preferred Physician) _____ or in the event the designated practitioner is not available, by another licensed physician, and the transfer of the child to _____ (Preferred Hospital), or any hospital reasonable accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery are obtained, prior to the performance of such surgery.

Date _____

Parent's Signature _____