



## Immanuel Lutheran School Registration for 2026-27 School Year

Thank you for your interest in Immanuel Lutheran School. Please complete all sections of this form to ensure accurate placement, safety, and communication for your child.

### A Complete Registration Packet Includes

**Registration Form**       **Copy of Birth Certificate**       **\$300 Non-Refundable Registration Fee**  
 **Current South Carolina Certificate of Immunization (no exemptions accepted)**

Immanuel Lutheran School uses an online parent portal, Brightwheel, for all tuition payments and communication. All ILS families are required to create and maintain a Brightwheel account. **To secure your child's enrollment, ACH/debit payment information must be set up and verified in Brightwheel within one week of registration.** Credit cards may be used for tuition payments, but a processing fee will apply.

Please note: A child may not begin school without a complete registration packet, including an up-to-date 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.**

For current students using Brightwheel, the \$300 registration fee will be drafted automatically.

**For new students or students not currently using Brightwheel, please make a check payable to ILS for \$300.**

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**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 \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Mother is not currently involved in the child's school care or pick up.

**Father's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

Father is not currently involved in the child's school care or pick up.

\_\_\_\_\_  
**\_\_\_\_\_  
Siblings' Names and Dates of Birth \_\_\_\_\_**

**Please check the class you wish to enroll your child for the 2026-27 school year.**

**Please mark your 2<sup>nd</sup> choice in case your 1<sup>st</sup> choice is full.**

**K1 students should be walking.**

( ) 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)  
(Combine M/W/F and Tu/Th classes for 5 days)

**K3 students must be potty trained.**

( ) 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 students must be potty trained.**

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

( ) K2 Mon/Wed/Fri 9:00-1:00  
( ) K2 Tues/Thurs 9:00-1:00  
( ) K2 Five Days, Mon-Fri 9:00-1:00  
(ILS may need to combine M/W/F and Tu/Th classes for 5 days)

*\*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 the baptism birthday date: \_\_\_\_\_

Has your child previously attended preschool? \_\_\_\_\_ If so, where? \_\_\_\_\_

Please share any concerns you may have about your child.  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any special needs or currently receive any services such as Speech Therapy, Occupational Therapy, or Physical Therapy?** Yes or No (circle) If yes, please list which services they receive:

**Please note:** Immanuel Lutheran School is not staffed to provide individualized assistance or specialized services for children who require additional support. Sharing any developmental, medical, or learning needs prior to registration allows us to determine whether we can provide a safe and appropriate placement for your child.

Families seeking evaluations or support services are encouraged to contact **BabyNet** (for children from birth to age 3) or **Child Find** (for children ages 3 and older) for guidance and resources.

How did you hear about our School? ( ) Friends (who? ☺) \_\_\_\_\_ ( ) Front Sign  
( ) Advertisements ( ) Returning Student ( ) Other \_\_\_\_\_

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**Please list all individuals authorized by the primary guardian to pick up this child from school.**

These individuals may also be contacted in the event of an emergency if the primary guardian cannot be reached.

Name	Phone Number	Name	Phone Number
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

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

If a nut allergy is indicated, a physician-signed Allergy Action Plan is required that will determine whether an EpiPen is needed.

**Has an EpiPen has been prescribed?** Yes -or- No (circle) **If an EpiPen has been prescribed, one must be kept at school.**

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 that reasonable attempts to contact me at (Phone) \_\_\_\_\_ or the other parent/guardian (if applicable), \_\_\_\_\_, at (Phone) \_\_\_\_\_ have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by (Preferred Physician) \_\_\_\_\_ or, if that practitioner is not available, by another licensed physician, and for the transfer of my child to \_\_\_\_\_ (Preferred Hospital) or any hospital that is reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity of such surgery, are obtained prior to the procedure.

Date \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_