

Medical and Emergency Contact Information

Family Name: _____

Please list the name of each child and indicate any medical notes such as asthma, allergies, etc.

Please list anything you think we might need to know about your family or its medical history to aid your child(ren) in case of an emergency:

Primary Emergency Contact Name: _____

Relation: _____

Phone Number: _____

Secondary Emergency Contact Name: _____

Relation: _____

Phone Number: _____

Third Emergency Contact Name: _____

Relation: _____

Phone Number: _____

Primary Doctor Name: _____

Phone Number: _____

Hospital Preference: _____

Insurance Provider: _____

Insurance ID Number: _____

Medical Care Consent

I understand that my child may need medical treatment during school hours or at school activities while he/she attends Crown of Life Lutheran School, I hereby authorize the School to administer such first aid or other minor medical treatment as shall be deemed best under the circumstances, and I consent for my child to receive such treatment.

I understand that before medication is dispensed to my child, I will provide written authorization, which includes specific information required to accurately administer the medication. Medicine MUST be in the original container with my child's name and dosing instructions on it and brought into the school by the parent or legal guardian.

(Parent or guardian signature)

(date)

Emergency Care Consent

I understand that the School will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the School is unable to notify me, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the School may be shared with emergency medical personnel. This authorization applies to all school-sponsored programs.

I understand that it is my responsibility to keep my child's records current to reflect any significant changes, in writing, as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician and health status, and immunization records.

(Parent or guardian signature)

(date)

Photography Consent

- I give permission for my child to be photographed and/or videotaped by the school or by any media outlet that has been invited to the school to cover an event.
- I do not want my child photographed or videotaped for any reason other than yearbook pictures.

(Parent or guardian signature)

(date)

Activity Consent

I consent that my child is permitted to participate in the extra-curricular and/or off-campus activities which I have selected.

I understand that such activities may be conducted in the school building, on school premises (playground) or off-site and that the activities may be engaged during or after school sessions.

I understand further that the activities are carried on under the care and supervision of teachers or other education employees of the school or volunteers of the congregation.

(Parent or guardian signature)

(date)

Latchkey Program

Crown of Life School offers a Latchkey (after school) program. Below you will find more information about our program.

- After school hours will run from Monday-Friday 3:30-5:00pm.
- The cost is \$4 an hour per student, \$2 for a half hour.
- If your child isn't picked up by 3:30pm they will automatically be placed into our after school program.
- For every minute past 5:00pm there will a dollar charge.
- You are responsible for the payment upon your arrival. If payment is not received by Tuesday of the following week, your balance will be doubled.
- There will be no after school care on half days and days leading to an extended break. (There will be a reminder in the Bulldog News.)
- Please pack a snack for your child for after school.

Please fill out the portion below and return to school:

I consent that if my child is not picked up by 3:30pm they will be automatically placed in the Latchkey program. As parent/guardian I am responsible for paying upon arrival of picking up my child(ren).

(Parent or guardian signature)

(date)

School Age Child Good Health Statement

(Required by state licensing for our latchkey program)

I, _____, parent of child, _____,

certify that my child is in good health.

My child has the following physical restrictions:

My child's immunization (or waiver) is up to date and on file at Crown of Life School in Warren, Michigan.

(Parent or guardian signature) (date)

Registration Fee, Technology Fee and Tuition Consent

Preschool:

Registration Fee: \$150 / student Check One (if enrolling a PreK student)
5 Day-Half Day Tuition: (3 year olds): \$2700 Half Day
5 Day-Full Day Tuition (4 year olds): \$4500 Full Day

Kindergarten - 8th Grade

Registration Fee: \$500 / student
1st Child Tuition: \$2,400 Member Family Student / \$4,000 Community Family Student
2nd Child: \$1,800 Member Family Student / \$3,000 Community Family Student
3rd Child+: \$1,200 Member Family Student / \$2,000 Community Family Student

Technology Fee (6th-8th Grades): \$75 / student

I consent to pay the above fees and tuition faithfully and in a timely manner

(Parent or guardian signature) (date)