



2017-2018 Midweek School Enrollment Form

**Registration Information**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

Does your child take any medications? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

Physical limitations, medical conditions or special learning needs? Yes \_\_\_ No \_\_\_

Please list: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

Does your child take any medications? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

Physical limitations, medical conditions or special learning needs? Yes \_\_\_ No \_\_\_

Please list: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ Grade in School: \_\_\_\_\_ School Attending: \_\_\_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

Does your child take any medications? Yes \_\_\_ No \_\_\_ Please list: \_\_\_\_\_

Physical limitations, medical conditions or special learning needs? Yes \_\_\_ No \_\_\_

Please list: \_\_\_\_\_

(Parental and emergency contact information on back side)

**Parental/Guardian Information**

Father's/Guardian's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address (If different than child's): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Family E-Mail Address: \_\_\_\_\_  
(St. Paul's will neither sell nor share your address and will only use the address for communications)

I do \_\_\_\_\_ I do not \_\_\_\_\_ give permission for my child(ren)'s photo to be taken during the course of class instruction at St. Paul's and that these photos will only be used for internal purposes. Publication use will require further permissions.

Mother's/Guardian's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address (If different than child's): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Family E-Mail Address: \_\_\_\_\_  
(St. Paul's will neither sell nor share your address and will only use the address for communications)

I do \_\_\_\_\_ I do not \_\_\_\_\_ give permission for my child(ren)'s photo to be taken during the course of class instruction at St. Paul's and that these photos will only be used for internal purposes. Publication use will require further permissions.

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Dismissal Information**

Will your child(ren) ride the St. Paul's van to Midweek? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child(ren) walk to St. Paul's for Midweek? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child(ren) walk home from St. Paul's after Midweek? Yes \_\_\_\_\_ No \_\_\_\_\_

Who may pick up your child(ren) from Midweek? \_\_\_\_\_

\*NOTE: If Malcolm Public Schools are closed, there will be no Midweek School.

Please drop off at St. Paul's prior to or at the first session on September 6th.

## **St. Paul's Lutheran Church Midweek Guidelines and Expectations:**

\*We request all students to be transported from the school by our provided transportation. Please report at the designated location at MPS to be picked up on Midweek days upon dismissal from school. If you choose to have your student walk from the school to St. Paul's Lutheran Church (by indicating on the registration form) then you as a parent are indicating that you accept liability for the student's actions during that time.

\*Please call St. Paul's Lutheran Church at (402)796-2396 if you know your child will be gone from Midweek class. If students are not in attendance (and the school does not report that the student was gone from school) we will call parents at the phone numbers provided to check on whereabouts of the student.

\*We provide snacks at all of our Midweek classes. Due to food allergies, please do not have your students bring in outside food.

\*If there is a problem or problematic behavior, the following is the process of how it will be handled: 1) Student will be given no more than 3 verbal warnings to correct problem/behavior. 2) If problem/behavior persists, student will be sent out of the classroom to sit with an adult to discuss/think about how to correct problem/behavior for a period no greater than 5 minutes. Student may then return to class and state an apology. 3) If problem/behavior continues to persist after steps #1 and #2, student will be sent out of class to sit with an adult and a parent/caregiver will be called to pick up student as soon as possible. The student will be allowed to return the following class.

\*Students must be signed out upon dismissal from Midweek classes at 5 pm to ensure student safety.

\*There are NO Midweek classes on days when Malcolm Public Schools do not have classes (whether scheduled or due to inclement weather).

Thank you for your cooperation and we look forward to another fun year! Please detach and sign the bottom portion and return to St. Paul's Lutheran Church. If you have any questions, please feel free to contact St. Paul's Lutheran Church at (402)796-2396. Thank you!

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I have read the above statements about St. Paul's Lutheran Church Midweek Guidelines and Expectations, have had all questions answered, and agree to follow the above to the best of my abilities.

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List Student(s) Name(s)

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Parent/Guradian Signature

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Date