



CLASSICAL LUTHERAN EDUCATION

1012 12th Avenue Road Nampa, ID 83686

phone 208 - 466 - 9141 email zlsoffice1@gmail.com web zlsnampa.org

Enrollment Application

School Year 2025-26 ____	Date of Application _____		School Year 2026-27 ____	Date of Application: _____	
School Year 2027-28 ____	Date of Application _____		School Year 2028-29 ____	Date of Application _____	

Student Information

First Name	Middle Name	Last Name	Birth Date	Last School Attended	Grade Enrolling

Please circle the following programs that apply to your family.

5 Day Program PK - 8th grade	Bridge Program K - 8th grade	Half Day Kindergarten Half Day PK3 & PK4	Full Day PK3 Mon, Wed, Fri	Half Day PK3 Mon, Wed, Fri	Home School Enrichment
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Family Information	Father (Guardian)		Mother (Guardian)
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First & Last Name		First & Last Name	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone Number		Home Phone Number	
Cell Phone Number		Cell Phone Number	
Email Address		Email Address	
Employers Name		Employers Name	
Employers Address		Employers Address	
Employers Phone Number		Employers Phone Number	
Job Title/Position		Job Title/Position	

Permission and Release Portion

Field Trip Permission

I give permission to Zion Lutheran School for my child to be taken on field trips or excursions by van, school bus, or private motor vehicle under required supervision. Car seats and/or booster seats will be required as directed by law.

Yes No Initials _____

Media Permission

I give permission to Zion Lutheran School to use images of my child for newspaper, internet, newsletters, etc.

Yes No Initials _____

Permission To Contact via SMS or Mass Email

Zion Lutheran School uses mass email and SMS messages to keep in close contact with parents. I wish to have both parents added to these lists.

Yes No Initials _____

EMERGENCY CONTACT /MEDICAL FORM

Student Information

Student Name	Age / Weight	Grade	Tylenol Yes / No	Ibuprofen Yes /No	Other Medication Please Identify

Medical Information

Student Name	Allergies	Medical Conditions

Emergency Contacts

Pick up Contacts

First & Last Name / Relation		First & Last Name /Relation	
Phone Number: Pick up Yes or No		First & Last Name /Relation	
First & Last Name / Relation		First & Last Name/ Relation	
Phone Number: Pick up Yes or No		First & Last Name / Relation	

Physician / Dentist / Insurance Information

Physician	Address	Phone
Dentist	Address	Phone
Insurance Co	Policyholder Name	Policy Number

In the event our child becomes ill or sustains injury while in the care of Zion Lutheran School and the school is unable to reach us, we give our permission to Zion Lutheran School to provide emergency medical care, including taking my child to the hospital or calling an ambulance. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires. The expense of any medical treatment my child receives will be my responsibility. Zion Lutheran School will be held harmless. Medical Authorization Form must be billed out to be put in child's record when any prescription, or OTC medication (given regularly) is to be given during the school day. I understand that in the event of an emergency, every effort will be made to contact me. If it is not possible to contact me, or distance does not make it possible for me to be present, I hereby authorize Zion Lutheran School to obtain necessary emergency treatment. I further agree to pay for said treatment. Copies of this authorization, when carried by Zion Lutheran School personnel, shall have the same force as the original.

Acknowledged and Agreed to by: _____ Signature of Parent (Guardian)

Special Services

Child is on an IEP or 504 plan from Idaho or any other state. Name: _____

Yes

No

Initials

If yes, please provide a copy with their application. Zion Lutheran School does not provide any Special Ed classes or services. We do our best to serve all children, however, if the headmaster and school board feel the needs of your child are beyond a reasonable level of accommodation, you will not be able to enroll the child.

Has your child ever been held back/retained or been advised to do so? Name: _____

Yes

No

Initials

Parents (Guardian) Statement

This application for enrollment at Zion Lutheran School is an expression of intent only, and is not binding upon the family or school. It is also understood that any offer of enrollment subsequently accepted is contingent upon the essential accuracy of the statements made in this application. Prior to the first day of school: All returning 1st grade students and new 1st grade through highest grade students will be required to test. Upon admission to ZLS the total costs associated with above named students is the responsibility of the signor of this agreement. Upon acceptance to ZLS parents agree to read and follow the policies listed in the Parent & Student Handbook.

Signature of Parents (Guardian) _____

Date: _____

Edit date: 03/04/2025

AFTER SCHOOL CARE

The After School Care (ASC) program at Zion Lutheran School provides a safe environment for your child (ren) during after school hours. It is available from 3:00 pm to 6:00 pm on school days. Your child will go to After School Care if you are not able to pick them up by 3:00 pm. We ask that all families fill out this form to ensure we have your information for our after school staff. Additionally, it helps us plan for appropriate staffing and snacks. Thank you!

Parent / Guardian Information

Father/Guardian's Name :	Mother/ Guardian's Name :
Address:	Address:
City/ State / Zip:	City/ State / Zip:
Primary Cell:	Primary Cell:
Email	Email
Work /Home Phone:	Work /Home Phone:

Student Information

Name:	Grade:	5 Day or Bridge Program
Name:	Grade:	5 Day or Bridge Program
Name:	Grade:	5 Day or Bridge Program

Days & Times Needed for ASC

I plan to use ASC Yes or No	Monday	Tuesday	Wednesday	Thursday	Friday
3:00 pm - 4:00 pm					
3:00 pm - 5:00 pm					
3:00 pm - 6:00 pm					

After School Care Rates

One Child	\$5.00 per hour
Two Children	\$8.00 per hour
Three or more Children	\$10.00 per hour + \$2.00 for each additional child
Children not picked up by 6:00 pm	\$1.00 per minute after 6:00 pm per child

All After School Care parents are charged for the first hour (3:00 pm to 4:00 pm) regardless if they pick up their child before 4:00 pm After the first hour; however, we bill in 30 minute increments. If you use this program, watch for monthly bills via FACTS Tuition Management under incidentals. You have 30 days to pay after the charges are applied to your account, or the account becomes delinquent. Your account must be current to ensure on-going participation. Thank you!

Agreed to by: _____ Date: _____



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