

Title: 2023/2024 Registration Form #43**Policy Title:** 2023/2024 Registration Form #43**Policy Reference:** PL.306**Attaches to:** (see page 1 and 2, Object(s): Job Descriptions, etc. applied to)**Description:**

Today's Date: _____

Name: _____ Preferred Name: _____

Date of Birth: _____ M F Grade he/she will be attending: _____

Parents Name(s): _____

Phone # Home: _____ Cell: _____ Work: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact (If parents cannot be reached): _____

Phone # Home: _____ Cell: _____ Work: _____

Last school year this student attended ELC MSPA Home School Other Name of school: _____Permission to take pictures of your child to share in yearbooks or school bulletin boards? Yes NoPermission to transport your child on field trips etc.? Yes NoIs your child allergic to anything? Yes No If yes, what? _____Does your child have any special needs? Yes No If yes, what? _____Race: (Optional) White Hispanic African American American Indian Asian Pacific Islander Other

Notice: Ensign Learning Center admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, nationality, and ethnic origin in administration of its educational policies, admissions policies, scholarship and load programs, athletic, and other school administered programs.

To attend Ensign Learning Center, the following forms must be on file: Current Registration form and Immunization Records.

All forms are due on April 28, 2023. A non-refundable registration fee (subject to change without notice) will be charged in August for each child registered. A student must be officially withdrawn no later than 3 weeks before the first day of the school year to avoid registration fees. All policies are subject to change without notice. Ensign Learning Center reserves the right to arbitrarily adjust its policies as needed.

I agree to support and follow all policies and procedures and pay all tuition fees according to policy.

Parent Signature: _____ Date: _____

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Waiting list information

Names of children now attending Ensign Learning Center

Name	Age	Birthdate

Names of children to attend in the future.

Name	Age	Birthdate

Email completed form to registration@ensignlearningcenter.org

Purpose: Forms for enrollment

Scope:

Policy Type: Company Position Other _____

Job Description(s) Applied To:

Reference	Job Description (JD) Title(s)
JD: 148	Policies and Procedures

Template Object(s) Applied To:

Reference	Template (TP) Title(S)

Revision History:

Revision #	Date of change	Description of change	Authorized by
1.1	N/A	Launched Object	N/A

Ensign Learning Center Health Record

Emergency Medical Authorization Form

Purpose: Enables parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

This Emergency Medical Authorization must be on file for each student

Please return to school within 7 days. You may email to registration@ensignlearningcenter.org

Student's Name: _____ Your Email Address: _____

Student's Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Relationship to student: _____

Home Number: _____ Cell: _____ Work: _____

Parent/Guardian's Name: _____ Relationship to student: _____

Home Number: _____ Cell: _____ Work: _____

Note: Listing individuals below allows your student to be released to those individuals (must be 18 or over)

List in order person(s) who may be notified and to whom your child may be released to if the school cannot reach you.

Name	Relationship	Home Number	Cell	Work
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical History: _____

Perinent Family History: _____

Current Health Issues: _____

Allergies Y N Please list: Medications: _____ Food: _____ Other: _____

History of Anaphylaxis: Y N To: _____ Epi-Pen needed: Y N

Asthma: Y N Asthma Action Plan Y N (Please attach)

Diabetes: Y N Type I Type II

Seizure Disorder: Y N Explain: _____

Other: Y N Explain: _____

Ensign Learning Center Health Record

Emergency Medical Authorization Form

This student has the following issues that may impact his/her educational experience:

Vision: Y N

Speech/Language: Y N

Hearing: Y N

Behavior: Y N

Emotional/Social Y N

Other: Y N

Doctor to be called: _____

Dentist to be called: _____

Preferred Local Hospital: _____

Part 1-To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred hospital is not available, by another licensed physician or dentist and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentist concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: _____ Date: _____

Part 1-Refusal to Consent

I **Do Not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action.

Signature of Parent/Guardian: _____ Date: _____