

**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: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

Parent 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 school yearbooks and/or bulletin boards?  Yes  No

Permission to transport your child on field trips, etc.?  Yes  No

Is 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 loan 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 A student must be officially withdrawn no later than 3 weeks before the first day of the school year to avoid registration fees.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](mailto:registration@ensignlearningcenter.org)

Purpose: Forms for enrollment

Scope:

Policy Type:  Company  Position  Other \_\_\_\_\_

Job Description(s) Applied To:

Reference	Job Title(s)	Description (JD)
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.

Note: A separate Emergency Medical Authorization Form must be on file for each student

Please return to the school within 7 days. You may email to [registration@ensignlearningcenter.org](mailto:registration@ensignlearningcenter.org)

Student Name: \_\_\_\_\_ Your email address: \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

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: \_\_\_\_\_  
\_\_\_\_\_

Pertinent 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 the medical opinions of two other licensed physicians or dentist/s concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

### 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: \_\_\_\_\_