

ADMISSIONS APPLICATION- 2026-2027

Salem Lutheran School/Ministries
1800 W. Emma AVE.
Springdale, AR 72762
(479) 751-9500 Fax (479) 750-2028

Office Use Only
Received _____
Cash/Check _____
Start Date _____

Registration Fee: _____ \$250.00 Pre-K

Registration Fees are due with application form to reserve your child's placement in Salem Lutheran School. Check made payable to Salem Lutheran School. **Registration fees are non-refundable**

Enrolling: _____ Full Time or _____ Part Time M T W TH F (Circle desired days)

Child's Name: (First) _____ (middle) _____ (Last) _____

Address: _____ City _____ Zip Code _____

Date of Birth: _____ Male or Female

Parent's Names _____ cell phone _____
_____ cell phone _____

Marital Status of parents: Married Separated Divorced Other _____

Parent's Email Addresses Mom's: _____ Dad's: _____

Mother's Employer _____ Work Phone _____ Work Hours _____

Father's Employer _____ Work Phone _____ Work Hours _____

Siblings Names and (Ages) _____

Church Affiliation _____ Regular attendance: yes no Is your child baptized? yes no

Immunizations: Please provide a copy of your child's immunization record with this application. Your application will not be considered if your child's shots are not up to date with the requirements of the State of Arkansas and the Dept. of Human Services. If you have applied to the state for exemption of immunizations, we need a copy of that letter on file.

Child's Developmental Needs:

Physical, emotional, or behavioral needs the child might have _____

Food or medication allergies _____

Other conditions or comments _____

Check those that apply to your child:

Temper Tantrums _____ Frequent Colds _____ Ear Infections _____ Throat Infections _____ Biting _____

Scratching _____ Bed Wetting _____ Sunburn sensitivity _____

Requires help with: Dressing _____ Undressing _____ Toileting _____ Washing hands _____

Emergency Contact Information:

In order that we may be of the greatest service to your child in case of an emergency, accident, or sudden illness, it is necessary that you indicate below the procedure you wish us to follow. Please fill in the spaces in order of your preference, including parent's names. All information MUST be filled out in full.

<u>Name/ Relationship to child</u>	<u>EMERGENCY PHONE #</u>	<u>ADDRESS-including street, state and zip code</u>
1st _____	_(_____) _____ - _____	_____
2nd _____	_(_____) _____ - _____	_____
3rd _____	_(_____) _____ - _____	_____
4th _____	_(_____) _____ - _____	_____

Physician preference- Name, address, and phone number _____

Hospital preference- Name, address and phone number _____

Dentist preference- Name, address and phone number _____

If none of the above procedures is satisfactory, please indicate what course of action should be followed:

Please list below who may pick up and take your child from school giving their name and relationship to the child:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

Please list below the names of person(s) NOT allowed to pick up your child, if any:

- 1. _____ 2. _____ 3. _____

Medical Care:

I, we _____ Father/Mother/Parents of _____ do hereby request and give consent to the administrators of Salem Lutheran School, or his /her duly authorized representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent cannot be reached. Consent is also given for the above- mentioned to transport said child for emergency medical treatment, if the parents cannot be reached.

Parent's Signature _____ Date _____

I, we the parents/guardians of this child understand that I/we may ask for a conference with the teachers and administrators as needed.

Parent's Signature _____ Date _____

Registration fee and immunization record MUST accompany this application.

Salem Lutheran School admits students of any race, color, national and ethnic origin in administration of its educational policies, and all other school-administered programs.

All employees of Salem Lutheran School and Church are, by law, mandated reporters of any suspected child abuse and/or neglect. All staff and children are subject to be interviewed by DHS and other such agencies and their employees at any time without prior notification to the parents or school administration.

Discipline Policy for Preschool

Classroom Guidelines

- 1. Show respect toward God and others in words and actions.
- 2. Obey the teacher
- 3. Learn to talk and listen at appropriate times (based on age-appropriate learning levels).

Daily Consequences for Preschool

The staff will use reasonable means of discipline stating clearly that the offending action is not acceptable and guide their activities within limits. A "time out" child must sit in an isolated area for a period of time, one minute per year of their age, or have removal of fun related privileges.

The use of discipline shall not be humiliating, frightening, or physically harmful to the child. Discipline shall be consistent and individualized for each child and shall be appropriate to the child's level of understanding. It shall be directed toward teaching the child acceptable behavior. Discipline shall not be associated with food, rest, toilet training, or isolation for illness.

Labeling the child as "bad" or "naughty" shall be avoided. Inappropriate punishment, including physical punishment, restraints, harsh treatment, isolation without supervision, verbal abuse, sarcasm, threats and/or derogatory remarks about the child or their family, have no place in Christ-centered school.

If a child presents a serious discipline problem, the parents will be notified immediately. They will need to come to school to discipline their child and/or be prepared to pick them up for the remainder of that day.

Expulsion

If a child consistently exhibits a developmental/behavioral problem, the parents will be consulted. If the problem continues after efforts have failed, the school reserves the right to dismiss the child.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

