

# Application for Admission to Anchor Lutheran School Child Care Program / K-6 Child Watch Program

A REGISTRATION FEE OF \$60 MUST ACCOMPANY THIS FORM.

Fee is non-refundable **unless** Anchor Lutheran does not accept enrollment. Please make check payable to Anchor Lutheran School.

CHILD'S Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Gender: M F

Applying For (check one):  PS Child Care  K-6 Child Watch  Summer Child Watch

**Child Care - Days Needed:**  M-F  M, W, F  T, Th **Hours:**  Full Days  Mornings  Afternoons  Flexible

**K-6/Summer Days Needed:**  Monday  Tuesday  Wednesday  Thursday  Friday  Flexible

Child Home Address: \_\_\_\_\_  
No. & Street Address City Zip Code

Home Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is Child Baptized? Y N If yes, date: \_\_\_\_\_

Church Now Attending: \_\_\_\_\_ Name of Pastor: \_\_\_\_\_

School Attending (K-6 Child Watch only): \_\_\_\_\_

Parents' Status  Married  Separated  Divorced  Single Parent  Other: \_\_\_\_\_

Child Lives With  Both Parents  Mother only  Father only  Joint Custody  
 Mother & Stepfather  Father & Stepmother  Other: \_\_\_\_\_

Is child legally adopted? Y N

Names and ages of siblings living in the home: \_\_\_\_\_

Names and relation to child of other adults living in the home: \_\_\_\_\_

MOTHER'S Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Living? Y N

Residential Address (if different from child) \_\_\_\_\_

Mailing Address (if different from residential) \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone (if different from child) \_\_\_\_\_

If Divorced and applicable, Current Spouse's Name \_\_\_\_\_

FATHER'S Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Living? Y N

Residential Address (if different from child) \_\_\_\_\_

Mailing Address (if different from residential) \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone (if different from child) \_\_\_\_\_

If Divorced and applicable, Current Spouse's Name \_\_\_\_\_

## For Office Use Only

Date Received: \_\_\_\_\_ Desired Start (Mo./Yr.): \_\_\_\_\_ Accepted:  Yes  No Start Date: \_\_\_\_\_

8100 Arctic Blvd. † Anchorage, AK † 99518-3003 † (907) 522-3636 † (907) 522-3359

If there is information of which the school should be made aware concerning an individual who is not to be in contact with or picking up your child (i.e. custody issues), please indicate that information here, and **attach legal documentation:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Reason \_\_\_\_\_

*Emergency contacts and those authorized to pick up your child (beyond parents) will be submitted on a separate form upon acceptance.*

**PLEASE COMPLETE THE QUESTIONS BELOW**

Ethnicity of child (optional, used only for statistical reporting), please  $\checkmark$  one:

African American  AK Native  American Indian  Asian  Caucasian  Hispanic  Other: \_\_\_\_\_

Please state why you wish to enroll your child in Anchor Lutheran School's Early Childhood Program or K-6 Child Watch Program. Be specific. What are you looking for in bringing your child to ALS?:

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our School's Early Childhood Program and/or K-6 Child Watch Program? (Check as many ways as applicable.)

Online/Website  Radio Ad  Mailing  Open House  Word-of-Mouth Recommendation  Other \_\_\_\_\_

Has your child had any serious illnesses? Y  N  If yes, explain fully: \_\_\_\_\_

Does your child have any physical challenges (allergies, handicaps, etc.)? Y  N  If yes, explain fully: \_\_\_\_\_

What types of activities does your child enjoy doing? \_\_\_\_\_

How does your child learn best (seeing, hearing, doing)? \_\_\_\_\_

Describe your child's social skills and his/her ability to relate to other children and adults: \_\_\_\_\_

What methods of discipline work best for your child? \_\_\_\_\_

Please initial to acknowledge and accept each of the statements below:

- Anchor Lutheran School welcomes all applicants and admits students of any gender, race, color, national and ethnic origin, age, or handicap to all rights, privileges, programs and activities generally accorded or made available to students at our school. We do not discriminate on the basis of gender, color, race, national and ethnic origin, age or handicap in the administration of our educational policies, scholarship and financial aid programs, or athletic and other school-administered programs. \_\_\_\_\_ (Parent Initials)
- The Alaska Office of Children's Services has the authority to interview children or staff, and to inspect and audit child or childcare records, without prior consent. \_\_\_\_\_ (Parent's Initials)
- Consent is given to ALS to use images/video of my child for release to the newspaper for stories about the school, for other media releases, posting on bulletin boards, school promotional purposes, etc. \_\_\_\_\_ (Parent's Initials)

**By signing I agree to the policies and procedures in the Parent Handbook.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_