

Part 6A Emergency Contact/ Pre-Consent Form

The well being of your child is considered very important by our school. There may be a time when our school is not able to contact a parent in an emergency. In case a medical emergency, parental permission for treatment is usually required. The form below gives us information we need to have in case of such emergencies. It is understood that a conscientious effort will be made to notify you in the case of an emergency before any action will be taken. This form authorizes emergency medical treatment if you cannot be reached. Please fill one out for each of your children attending Peridot – Our Savior's Lutheran School. Your child's teacher will have this form in the classroom and will take it on every field trip. Athletic coaches will take a copy to all away games also. It is also understood that you will not hold Peridot – Our Savior's Lutheran School Lutheran School teachers, helpers, drivers or the church responsible for any accident, realizing that extreme supervision will be exercised. By signing this form you also agree to accept responsibility for the cost of the above medical services.

1 st Child's Name:
Child's Physician:
Allergies:
Glasses: Y or N When worn:
Hearing problems: Y or N
Any problems or medical conditions that would affect participation in Physical Education or sports?
2 nd Child's Name:
Child's Physician:
Allergies:
Glasses: Y or N When worn:
Hearing problems: Y or N
Any problems or medical conditions that would affect participation in Physical Education or sports?
3 rd Child's Name:
Child's Physician:
Allergies:
Glasses: Y or N When worn:
Hearing problems: Y or N
Any problems or medical conditions that would affect participation in Physical Education or sports?
4 th Child's Name:
Child's Physician:
Allergies:
Glasses: Y or N When worn:
Hearing problems: Y or N
Any problems or medical conditions that would affect participation in Physical Education or sports?

Part 6B Emergency Contact Persons:

1. Name:
Phone:
2. Name:
Phone:
3. Name:
Phone:

I hereby consent to and authorize emergency medical treatment which you judge necessary for my child in the event I can not be reached.

Signature of

Parent/Guardian: _____ / _____ Date: _____

Print Name

Sign Name

Part 7 Fees & Payment

Tuition Policy: If payment is not received by the date on your payment date form you will be called to come pick up your child. If payment is not made you may be scheduled to meet with the Peridot – Our Savior's Lutheran School Board. It is very important that you keep current on your tuition bill. Payments for tuition can be paid Monday – Friday in the school office from 8 AM – 12-noon or to the principal at any time.

Payment Options: You may choose to pay in any of the following ways:

Check One	Payment Options:
	Full Payment before first day of the year
	Quarterly Payments: August 3, November 3, February 3 and May 3
	10 Monthly Payments

Tuition Charges Schedule:

Registration Fee			\$210.00 per student		
Tuition Charge	1 st Child	2 nd Child	3 rd Child	4 th or more	Kindergarten
	5000.00	5000.00	5000.00	5000.00	3000.00
If Peridot-Our Savior's tuition assistance is needed	2150.00	1925.00	1775.00	1275.00	1700.00

I hereby agree to the following Policy and Options of Peridot – Our Savior's Lutheran School.

Signature of

Parent/Guardian: _____ / _____ Date: _____

Print Name

Sign Name