



HOLIDAY REGISTRATION NON-ST. PAUL STUDENT FORM

K - 8th

Child's Last Name: _____ First: _____ DOB: _____

Allergies/Notes: _____

Billing Address: _____

EMAIL: _____

*Order of Contact – emergencies and pick up			NOTES to be conveyed to staff
Phone number	Name	Relationship	

***Any change must be done through the office.**

Personal Medicines – Complete an ‘Authorization for Medication’ form from the office. **Yes** **No**

No medications, prescribed or over-the-counter, may be brought onto campus or administered without a completed Authorization for Medication form that has been accepted by the office.

Permission to treat minor injuries - Yes No

1. Wash hands before treating injury.
2. Stop the bleeding/clean with clean water and soap.
3. Cover.

Permission to treat minor bug bites - Yes No

Ice if requested

Field trips –

With this signed agreement, the signer absolves the staff member, St. Paul Lutheran School and any and all members of its governing boards of any responsibility for the safety, welfare, health and wellbeing of the student named above beyond such matters as may be called reasonable care for the students in the custody of the staff member and subject to the staff member's clear instructions, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above named student during the specific activity as set forth at the beginning of the paragraph.

Parent/Guardian

Date

The information on this enrollment form is complete and accurate. _____

Parent/Guardian

Date

Benita A Balingit; PK3; K-8 KC

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