

**Grade Level**

- ☐Preschool2 ☐Kindergarten  
☐Preschool ☐First Grade  
☐PreK ☐Second Grade  
☐Third Grade



Immanuel Lutheran School  
1930 N. Bowman Ave.  
Danville, IL 61832  
(217) 442-5036  
www.ilcdanville.com

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

**Child's Information**

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐Male ☐Female

Church of Membership: \_\_\_\_\_ Baptized: ☐Yes ☐No Date: \_\_\_\_\_

Address (if different from parent/guardian): \_\_\_\_\_

Child resides with: ☐Mother ☐Father ☐Both ☐Other: \_\_\_\_\_

Other children in the family-please include name(s) & age(s): \_\_\_\_\_

Parents are: ☐Married ☐Separated ☐Divorced ☐Widowed ☐Other: \_\_\_\_\_

Custody Alert: ☐No ☐Yes Please explain: \_\_\_\_\_

**For Preschool:**

Has your child had any previous group experience? ☐No ☐Yes Where? \_\_\_\_\_

Is there any additional information that will help with his/her care? \_\_\_\_\_

Emergency Information

Grade Level: \_\_\_\_\_



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Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child resides with: ☐ Mother ☐ Father ☐ Both ☐ Other Guardian: \_\_\_\_\_

Custody Alert? ☐ No ☐ Yes, please explain: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Parent / Guardian #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Does your child have any known health problems? ☐ No ☐ Yes: \_\_\_\_\_

List any regular medications for your child and when they should be given. Please note that prescription and over the counter medications must be in the original bottle or container and only the recommended dosage on the bottle can be administered. Attach another sheet if needed:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list all emergency contacts in order of priority, including yourself:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Information Release



Immanuel Lutheran School  
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School Year: 2020-2021

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

I hereby give permission for Immanuel Lutheran School to use my child's photograph, video image, writing, voice recording, name, grade level, and school name in annual yearbooks, school productions, websites, etc. and/or similar school sponsored publications or in school or approved media interviews, releases, articles, and photographs. I also provide permission for the release by the school or to the media and governmental entities of my child's name, grade, school name, and honors my child has received for public announcement of recognition of my student's accomplishments. I understand that without checking the permission box my child's name and photograph cannot and will not be included in any publications or presentation, including a school yearbook.

☐ I give permission for the consent request indicated above.

☐ I do not give permission for the consent request indicated above.

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



The state requires the district to collect a Home Language Survey for every student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools. Depending upon the answers below, the school may assess your child's English language proficiency. The school may measure your child's listening, speaking, reading, and writing skills.

Answer the questions below and return this survey to the church or school office. Please do not include any languages learned in school and practiced at home.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does anyone speak a language other than English in daily interaction in your home?

☐ No

☐ Yes – what language? \_\_\_\_\_

2. Does your son or daughter speak a language other than English in daily interaction?

☐ No

☐ Yes – what language? \_\_\_\_\_

3. What language did your child first learn to speak? \_\_\_\_\_

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

Tuition Worksheet

Grade Level: \_\_\_\_\_



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**School Year: 2020-2021**

Parent / Guardian Responsible for Payment: \_\_\_\_\_

Please list each child enrolled at Immanuel Lutheran School:

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Enrollment Option:**

**Immanuel Two's**

☐ 5 Full Days-\$5250

☐ 5 Half Days-\$2888

☐ 3 Full Days-\$3465

☐ 3 Half Days-\$1733

\*3 Days are M W F only

**Preschool 3's & 4's**

☐ 5 Full Days-\$4725

☐ 5 Half Days-\$2599

☐ 4 Full Days-\$4158

☐ 4 Half Days-\$2079

\*4 Days are M T W Th only

**Kindergarten-Third Grade**

☐ One Child-\$3596

\*There is a 10% discount for families with multiple children enrolled.

Total Annual Tuition: \$ \_\_\_\_\_

25% Immanuel Church Member Discount: \$ \_\_\_\_\_

25% Employee Discount: \$ \_\_\_\_\_

10% Multi-child discount (PS/K-3): \$ \_\_\_\_\_

Financial Aid / Scholarship Award: \$ \_\_\_\_\_

5% Payment in Full Discount: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

*\*Please note: Registration, lunch, before care, and after care fees will be billed separately.*

Please complete payment options on the back side of this sheet