



Immanuel Lutheran
CHURCH AND SCHOOL

5 S. Van Buren Street East Dundee, IL 60118 (847) 428-1010 FAX (847) 836-6217
immanuel-ed.org

Office Use Only
Date _____
Grade _____
Check # _____
Cash _____
Total Paid _____
Priority / Community

New Student Application

STUDENT NAME _____

Last First Middle

HOME ADDRESS _____

Street City State Zip Code

DATE OF BIRTH ___/___/___ BAPTISM DATE ___/___/___ GENDER: M / F APPLYING FOR GRADE _____ SCHOOL YEAR _____

PATERNAL INFORMATION

FATHER'S NAME _____

Last First

HOME PHONE # _____ EMAIL _____

CELL # _____ WORK # _____

EMPLOYER _____ OCCUPATION _____

HOME ADDRESS _____

Street City State Zip Code

FATHER'S CHURCH MEMBERSHIP _____

Church City State

MATERNAL INFORMATION

MOTHER'S NAME _____ MAIDEN NAME _____

Last First

HOME PHONE # _____ EMAIL _____

CELL # _____ WORK # _____

EMPLOYER _____ OCCUPATION _____

HOME ADDRESS _____

Street City State Zip Code

MOTHER'S CHURCH MEMBERSHIP _____

Church City State

STEP-PARENT/ OTHER CUSTODIAL ADULT or GUARDIAN INFORMATION (IF APPLICABLE)

NAME _____ RELATION _____

HOME PHONE # _____ EMAIL _____

WORK # _____ CELL # _____

HOME ADDRESS _____

SIBLING INFORMATION

NAME: BIRTHDATE: BAPTISM DATE: GRADE (IF ANY): SCHOOL ATTENDING:

SCHOOL INFORMATION

How did you hear about the FFF program? _____

Why did you choose this program for your child? _____

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS? _____ IF SO, PLEASE EXPLAIN: _____

ALLERGIES/MEDICAL CONCERNS _____ IF SO, PLEASE EXPLAIN:

IN A FEW SENTENCES PLEASE DESCRIBE YOUR CHILD: _____

ILS does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policy, admissions policy, and athletic or other school-administered programs.

Cost for each session is \$100

Please indicate session applying for:

Session 1
September—November
Mondays 8:30-11:00 AM
Must be 3 by 11/30/22

Session 2
December– February
Mondays 8:30-11:00 AM
Must be 3 by 2/28/23

Session 3
March-May
Mondays 8:30-11:00 AM
Must be 3 by 5/31/23

Parent Signature: _____ Date signed: _____

PLEASE INCLUDE THIS FORM AND YOUR PAYMENT OF \$100 (MADE PAYABLE TO IMMANUEL LUTHERAN -FUN, FRIENDS, AND FAITH) FOR THE FIRST SESSION ATTENDING. You will be receiving notification in the mail detailing your enrollment information. If independent use of bathroom requirement cannot be attained by beginning of session, your payment will be applied to the next session or will be re-funded (in some circumstances).