



St. Matthew Lutheran Church & Early Childhood Center  
Hawthorn Woods, IL 60047

## PARENTAL CONSENT FORM

Student Name \_\_\_\_\_ Age \_\_\_\_\_

### 2023-2024 School Year

Dear Parent / Guardian and Student:

This form allows you to consent to certain items regarding your child's enrollment at St. Matthew Lutheran Early Childhood Center, including an agreement to abide by the Technology Tablet Agreement and a release of photographs.

### iPads

The St. Matthew Lutheran Early Childhood Center Technology Tablet Initiative is an agreement between the student, parent, & St. Matthew as to the responsibility of using one of the St. Matthew Lutheran Early Childhood's iPads. We ask the parents have a conversation with their child regarding this agreement. The child as well as the parent are asked to sign this document and send back to school.

### Photo Release

In the course of attending school, your child will be photographed and video-recorded by a variety of people and in a variety of situations. Your child might be the main subject of the video or photograph – when he/she is receiving an individual award, for example. Or, your child might appear only incidentally in a video or photograph – when he/she is standing with a group of students on stage at a concert when another child's parent/grandparent holds up a cell phone to record the concert, for example. Your child's artwork may be displayed or photographed, or a story written by your child may be displayed or published. Additionally, your child might appear in a video which is recorded in the classroom for the purpose of evaluating or training teachers on instructional techniques in a classroom. This form is intended to both notify you of these activities and to request any necessary permission.

#### **1. Photographs/Video of Non-identified Students Taken at School Events/Activities**

Parents, students, staff, media, the public and others are permitted and authorized to photograph and/or video-record certain school events/activities to which they may be invited as spectators, including, but not limited to: intramural and interscholastic athletic events, school plays, performances of the band or chorus, or other similar events/activities. Anyone in attendance at such an event shall have no reasonable expectation of privacy. St. Matthew Lutheran Early Childhood Center may use photographs and/or video of anyone present at such an event on any of the media sponsored by St. Matthew Lutheran Early Childhood Center, including, but not limited to: yearbooks, newsletters, website, Facebook, etc. St. Matthew Lutheran Early Childhood Center is not responsible for how others may use any such recordings they may make. No consent is needed from parents/guardians and no additional notice will be provided by St. Matthew. Any student (or student's parent) who objects to being photographed or video-recorded, upon timely written request, may be excused from participation in any such event.

#### **2. Video of Non-identified Students Taken for Instructional/Educational Purposes**

As a general rule, students, parents, the public and the media may not video or audiotape classroom instruction or any other instructional activities that occur in school. However, teachers, principals,

other school/church administrators educational consultants hired by St. Matthew, and students as part of their coursework may use audio and/or video-recording for legitimate educational or administrative purposes, including, but not limited to: evaluating performance, developing skills through self-assessment, training of instructional strategies and techniques to staff, accommodating the needs of staff or students with special needs. Students are not identified by their full name in any such video-recording. In the event a student (or student's parent) objects to being video-recorded for this purpose, the student will participate in the lesson, but will be seated outside of the viewing range of the camera.

**3. Photographs/Video of Identified Students or Identified Student Work**

St. Matthew Lutheran Early Childhood Center may publish photographs and/or video of students, or student work, and identify the involved student(s) by their full names on any of the media sponsored by St. Matthew Lutheran Church & Early Childhood Center including, but not limited to: yearbooks, newsletters, website, Facebook, etc. The publication of student names usually occurs when a student or group of students are being recognized for their academic or athletic achievements or some other extraordinary effort. St. Matthew Lutheran Church & Early Childhood Center also sometimes grants permission for these photographs/videos of identified students or identified student work to be published in local newspaper or broadcast by a local media outlet. Any student (or student's parent) may opt out of the publication of such information by signing and returning the form below. Note that a student (or student's parent) may opt out of the individual publication of his/her name, but if the student participates in an extracurricular team or activity, his/her name will be published along with the rest of the team/cast/group, his/her name will be published with any group photograph or his/her name, if worn on a jersey, may appear on video, or be broadcast.

I GRANT

I DO NOT GRANT

my permission for St. Matthew Lutheran Church & Early Childhood Center to publish (or release to media) my child's name in connection with the publication of any photograph or video of my child or his/her student work. I understand that, if I do not grant my permission, my child may be excused from participation in any such event. I understand that a written request must be submitted to the school office in a timely manner to ensure my child will be excused from the participation in an event.

I GRANT

I DO NOT GRANT

my permission for St. Matthew Lutheran Church & Early Childhood Center to photograph or video-record my child in connection with the photographing or video-recording of a classroom for education/instructional purposes. I understand that, if I do not grant my permission, my child will participate in the lesson, but will be seated outside of the viewing range of the camera.

I understand that I may elect to revoke my consent at any time notifying the school Director.

Parent/Guardian Name (Printed): \_\_\_\_\_

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

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



St. Matthew Lutheran Church & Early Childhood Center

Health Emergency Information

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Registering for Grade: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Confidential Health Information**      **Check all that apply**      **Please explain any yes answers.**

Allergies (Specify)      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

    Food (Specify)      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

    Environmental      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

    Seasonal      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

    Other Allergies (Specify)      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Asthma      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

ADHD      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Bee Sting Allergy      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Bowel/Bladder Concerns      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Diabetes      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Emotional Concerns      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Heart Condition      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Hearing Concerns      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Glasses/Contacts/Vision Concerns      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Seizures      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Skin Condition      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Other (Specify)      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

**TREATMENTS**

    Inhaler      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

    Epinephrine      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

    Other      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

**MEDICATION**

Medication taken at home      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

Medication needed at school\*      No \_\_\_ Yes \_\_\_      \_\_\_\_\_

\*School Medication Authorization form must be on file in school office for medicine to be administered.

Medical information on this card and in your child's health record may be shared with the educational staff to maintain your child's health and safety in the school setting. St. Matthew Lutheran Church & School is not responsible for any health concerns that are not addressed on this form.



**Health Office Emergency Information**

Student Name (Last) : \_\_\_\_\_ (First) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Lives With: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Both \_\_\_\_\_ Guardian \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

Father Name: \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

In case of emergency, who should be called if parents cannot be contacted? Please give daytime phone numbers.

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

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

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency and medical attention is necessary in the judgment of school authorities, do you authorize them to seek emergency medical services and transportation for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Reasonable effort will be made to notify you or your emergency contacts after services have been initiated.

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

**Pick-Up Authorization**

The following individuals are authorized to pick up my child after school, Extended Care pickup, or in case of an emergency or illness.

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

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

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

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

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



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Hawthorn Woods, IL

**2023-2024 School Year**

**Extended Care**

Our Extended Care Program is for St. Matthew Lutheran Early Childhood Center students who need care before or/and after school hours. The following programs will be offered for the 2023-2024 School Year. Please review and specify which program your child will need.

**Morning Care**

Preschool – School day begins at 8:30am. Children are allowed to enter school at 8:20am.

Morning care is available from 7:30am-8:20am. The rate for morning care is \$6.00 each day used. (24-hour notice required)

**After School Care**

The school day ends at 2:30pm. After school care runs from 2:30pm – 5:00pm. The rate for after school care is \$6.00 per hour, per day used.

**Billing**

Billing for Extended Care is done on the 15<sup>th</sup> of each month. Payment is due on the 1<sup>st</sup> of the month and is considered late if payment is not received by the 15<sup>th</sup> of that month. There is a \$25.00 late fee added to the bill if not paid by the 15<sup>th</sup>.

Child's Name: \_\_\_\_\_

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

Yes, my child will need the following:

Preschool Morning Care: \_\_\_\_\_

After School Care: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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

**\*Pick Up Authorization:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_