



Emmaus Learning Center

New Student Application Packet

Partnering with parents to train students

Spiritually



Personally

Academically

for a life that honors God.



460 S. Heather St.
Cornelius, OR 97113
503-357-4054

Enrollment Checklist

- Completed Application for Admission
- Applicable registration fees
- Completed Emergency Information Form
- Submitted copy of student's immunization records
- Signed Financial Contract
- Submitted fees for first month of service



Application for Admission

OFFICE USE ONLY	
Reservation Fee	<input type="radio"/>
Registration Fee	<input type="radio"/>
Financial Agreement	<input type="radio"/>
Emergency Forms	<input type="radio"/>

FAMILY INFORMATION

All information provided in this application will remain confidential.

Family (Last) Name _____

Father Stepfather Guardian

Mother Stepmother Guardian

Name _____

First

Last

Name _____

First

Last

Home Address _____

Home Address _____

City _____, OR Zip _____

City _____, OR Zip _____

Home Phone (____) _____

Home Phone (____) _____

Cell Phone (____) _____

Cell Phone (____) _____

Email Address _____

Email Address (Home) _____

Employer _____

Employer _____

Work Phone (____) _____

Work Phone (____) _____

Email Address (Work) _____

Email address (Work) _____

Student name: _____ Birthday _____

Student prefers to be called: _____

Primary language spoken at home: _____ Other languages student can speak: _____

Names and ages of other children in family (please indicate if they will be attending Emmaus Learning Center or Emmaus Christian School) _____

Student lives primarily with (Please include details of any custody arrangement that affects school drop off and/or pick up): _____

Is there anyone who poses a special threat to your child's safety? (If there is a court order prohibiting contact, a copy must be on file in the Learning Center) _____

Are there any factors in the applicant's life that you would like us to know about? (Absence of parent, serious illness or disability in a family member, grandparents in the home, adoption, foster care, etc.) _____

Referred by (please name one family only) _____

Permission for my child's image to be used on the ECS website, facebook or other promotional materials: Yes No

Parent Signature: _____ Date: _____

Note: Home Email addresses will be used to facilitate communication between the Emmaus Learning Center Office and families. Please update the Learning Center with any changes.

STATEMENT OF FAITH



The Bible:

We believe the Bible to be the inspired, the only infallible, authoritative Word of God.

2 Timothy 3:16-17

God:

We believe that there is one God eternally existent in three persons: Father, Son and Holy Spirit.

1 John 5:7

Jesus Christ:

We believe in the deity of our Lord Jesus Christ, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and His personal return to power and glory.

Hebrews 1:1-3

John 1:14

Titus 2:13

2 Thessalonians 1:7-10

Salvation:

We believe that for the salvation of lost and sinful man regeneration by the Holy Spirit is absolutely essential.

Titus 3:4-7

John 1:12

Resurrection:

We believe in the resurrection of both the saved and the lost; the saved unto the resurrection of life; and the lost unto the resurrection of damnation.

1 Corinthians 15:20-22

1 Thessalonians 4:13-17

Revelations 20:11-15

Spiritual Unity:

We believe in the spiritual unity of believers in our Lord Jesus Christ.

1 Corinthians 12:13

The Holy Spirit:

We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life.

Galatians 5:22-23

Romans 8:9-11

Romans 5:5

I have read this Statement of Faith and understand that my child will be taught based on these principals

Parent Signature

Date

Parent Signature

Date



Emergency Information
(Please call the school with ANY changes)

Updated:	
Date:	Init:
Date:	Init:
Date:	Init:
Date:	Init:

Student's Name _____ Grade _____ Birthdate _____

Parent's Names _____

Home Address _____

City _____ Zip Code _____ Phone _____

Place of Work:

Father _____ Working Hours _____ Bus. Phone _____

Mother _____ Working Hours _____ Bus. Phone _____

How do you wish to be contacted in case of emergency? Please list order (1-8)

____ Father - home # _____ Mother - home # _____

____ Father - work # _____ Mother - work # _____

____ Father- cell # _____ Mother- cell # _____

Father Text - yes or no _____ Mother Text - yes or no _____

Please list two nearby adults who will assume temporary care of your child if you cannot be reached:

Emergency Name _____ Phone # _____

Emergency Name _____ Phone # _____

Please list others who are allowed to pick up your child in your absence. (Use back of this form if additional space is needed):

Emergency Name _____ Phone # _____

Emergency Name _____ Phone # _____

Please indicate any unusual health conditions of your child:

- | | | | |
|---------------------|------------------------------------|--------------------------|----------------|
| ____ Asthma | ____ Bee sting allergy | ____ Convulsive seizures | ____ Surgical |
| ____ Kidney/bladder | ____ Sight impairment | ____ Fractures | ____ Arthritis |
| ____ Wears glasses | ____ Heart | ____ Diabetes | ____ Deafness |
| ____ Nosebleeds | ____ Allergies (other-please list) | | |

_____ Severe Mild
_____ Severe Mild

____ Physical limitations (describe) _____

____ List any medications child takes regularly and why _____

____ Other _____

____ Yes, I give the school permission to administer non-aspirin (acetaminophen) to my child if the need arises.

____ No, I do not want my child to be given any non-aspirin (acetaminophen) for any reason.

____ Yes, I give the school permission to administer Tums to my child if the need arises.

____ No, I do not want my child to be given any Tums for any reason.

Family Doctor _____ Phone: _____

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, my signature in the space provided below empowers the school authorities to exercise their own judgment in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room. I understand that I will not hold the school financially responsible for the emergency care/and or transportation for said child. Likewise, my signature below authorizes the release of medical records pertinent to such an emergency room visit, as the school may require for its files. This is a general authorization and is not sufficient for the release of confidential information protected by Federal Law.

Parent Signature _____ Date _____