

REGISTRATION FORM

2018-2019 Academic Year

Saint John Lutheran School admits students of any race, color and national or ethnic origin.

Home Phone: _____

Primary Email: _____

Work/Daytime Phones (Mother): _____

Work/Daytime Phones (Father): _____

Please fill out completely, sign, and also fill out and submit the Virginia School Entrance Health Form (MCH213 F)

Very Important!! Please alert office to any changes during the year.

Child's Full Name: _____

Preferred Name/Name Child is called at home: _____ Gender: ___M ___F

Date of Birth: _____ Age as of Sept. 30, 2018: _____ Program for this year: _____
Month/day/year

Family Mailing	Parents'/Guardians' Names: _____
Address:	Street Address: _____
	City: _____ State: _____ Zip: _____
Other phone numbers not listed at top right: _____	
Best way to reach you in an emergency: _____	

MEDICAL INFORMATION – *(You MUST also submit a Virginia School Entrance Health Form MCH-213F, including proof of immunizations– this form contains required information for admission)*

 **ALLERGIES:** _____ 

To the best of my knowledge, my child is in good health, and has received all the appropriate immunizations for his/her age. I (we) authorize Saint John Lutheran School to obtain medical care in the event I (we) cannot be located. (If both parents have custody, both parents must sign.)

x _____
Mother's Signature & Date

x _____
Father's Signature & Date

Emergency Contacts and Others Authorized to Pick Up Student:

Other than the parents, please list others who are authorized to pick up your child. Only those on the list will be allowed to pick up. Use additional paper if needed.

Name _____ Phone #'s: _____
Relationship to child: _____

Name _____ Phone #'s: _____
Relationship to child: _____

Name _____ Phone #'s: _____
Relationship to child: _____

Name _____ Phone #'s: _____
Relationship to child: _____

Name _____ Phone #'s: _____
Relationship to child: _____

PARENT & FAMILY INFORMATION

Parent, Stepparent or Guardian's Name: _____

Address (if not at family address) _____

Job Title/Occupation _____

Employed by: _____

Business Address: _____

Business Phone: _____

Parent, Stepparent or Guardian's Name: _____

Address (if not at family address) _____

Job Title/Occupation _____

Employed by: _____

Business Address: _____

Business Phone: _____

Who has legal custody of this child? ()Both parents ()One parent only ()Other
("Other" Relationship: _____)

If child does not live with both parents, is there a shared custody agreement? ()Yes ()No

If yes, please describe. For instance, "child lives part time with mother and part time with father"

Are there any court-ordered agreements of which the school should be aware? _____ (For instance, a parent is not allowed to pick up the child from school.) You must provide copies of such documents for the school office.

Names & relationships of any other adults involved in the child's care or living in the home:

Names, birthdates and grades (if applicable) of Child's Siblings:

Language(s) spoken at home: _____

Are you a member of Saint John Lutheran Church? ()Yes ()No

If no, what church do you attend? _____

If no church is currently attended, what is your faith background? _____

Child's Date of Baptism* _____ Church & City: _____

**Children do not have to be baptized to attend Saint John Lutheran School.*

How did you hear about Saint John Lutheran School?

()Church ()Current family ()Newspaper ()Sign ()Yellow Pages ()Website ()Event

()Other _____

If you were referred by someone, who may we thank?

Your reasons for choosing Saint John Lutheran School:

Is applicant related to a current or former SJLS student? ()Yes ()No

If yes, Name(s): _____ Relationship: _____

Name(s): _____ Relationship: _____

Has this child ever attended a home day care, day care center, school or other early childhood facility before?

()Yes ()No If yes, list all day cares/centers/schools, dates attended, and reason for leaving:

ENROLLMENT INFORMATION

PLEASE CHECK AN ANTICIPATED ATTENDANCE SCHEDULE FOR YOUR CHILD

___ Early Learners (age 2 yrs by enrollment) (8:30 am – 12:30 pm) - ()3-day ()5-day

___ Pre-K3 Class (age 3 by 9/30) (8:30 am – 12:30 pm) - ()3-day ()5-day

___ Pre-K4 Class (age 4 by 9/30) (5 days only, 8:30 am – 12:30 pm)

___ Kindergarten Class (age 5 by 9/30) (Mon., Wed., Fri. 8:30 am – 12:30 pm; Tue., Thur. 8:30 am – 3:00 pm)

___ First Grade (age 6 by 9/30) (5 days, 8:30 am – 3 pm)

___ Second Grade (age 7 by 9/30) (5 days, 8:30 am – 3 pm)

___ Drop-In (Hourly) Extended Care (for occasional use) (\$7.00 per hour)

___ Morning Extended Care (M T W Th F days – please circle) Hours: 6:30 am – 8:20 am

___ Afternoon Extended Care (M T W Th F days – please circle) Hours: ()12:30-4:00 pm ()12:30-6:00 pm

Saint John Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan program and athletic and other school-administered programs.

Fees and Charges

Registration Fee:	\$200.00 to reserve space in our program
Change of Schedule Fee:	\$25.00 per change resulting in a reduction in attendance
Late Pick-Up Fee:	\$1.00 per minute, for every minute past 6:00 p.m.
Lost Library Book Fee:	\$Appropriate amount set by Librarian
Pre-K4 Supply/Materials Fee:	\$40.00 due by 1 st class day
K Supply/Materials Fee:	\$75.00 due by 1 st class day
1 st Grade Supply/Materials Fee:	\$150.00 due by 1 st class day
2 nd Grade Supply/Materials Fee:	\$200.00 due by 1 st class day
Late Payment Fee:	\$15.00
Returned Check Fee:	\$35.00

PAYMENT INFORMATION

- ◆ All applicable registration fees due are to be paid to Saint John Lutheran School, in full, before your child can be guaranteed a space on the roster. Enrollment is on a first-come, first-serve basis.
- ◆ **Registration fees (in-part or whole) are NON-REFUNDABLE.**
- ◆ Monthly payments on all tuition and extended care will be paid to SJLS in the school office on or before the monthly due date.
- ◆ Your child’s enrollment will be dropped if we have not received your signed payment agreement with the school (included on this form), by August 10th, unless you are enrolling after that date.
- ◆ Tuition and full-time or block extended care for the year may be paid in full by **September 20, 2018**, or within 10 days of registration, and thereby receive a 3% reduction. Payment in full should be made by check or money order, made out to Saint John Lutheran School.
- ◆ Summer tuition and fees are paid directly to Saint John Lutheran School.
- ◆ All other fees including K-2 supply fee, lunch fees, field trip fees and any other costs outside academic year tuition and monthly extended care should be paid directly to Saint John Lutheran School.

Schedule of Annual Tuition 2018-19

Grade 1 & 2:	\$4850.00	Early Learners, 5-day:	\$3350.00
Kindergarten:	\$4200.00	Early Learners, 3-day:	\$2350.00
Pre-K4, 5-day:	\$3150.00		
Pre-K3, 5-day:	\$3150.00	Early Morning Extended Care, 5 days:	\$1050.00*
Pre-K3, 3-day:	\$2400.00	Full Afternoon Extended Care, 5 days:	\$3550.00*

**Lower rates may be available, based on your schedule*

Saint John Lutheran Church Library Use Agreement

By enrolling my child in Saint John Lutheran School I also agree to abide by the rules governing the use of the Saint John Lutheran Church Library. I understand that all students who attend school on the regular library day (usually Wednesday) will visit the Library and be allowed to check out one book, video or other material per week. Books, videos, or other materials checked out by my child will be due back to the library by the next Wednesday (or Library Day). I understand that my child will not be able to check out any more materials until the borrowed materials are returned, or until the lost library book fee (amount set by Librarian) has been paid. At that time my child/children may check out materials on the following library day. I further understand that the Library’s materials are available to parents to borrow, on the honor system, with a check-out period of no longer than two weeks. If I check out books from the Saint John Library, I will use the check-out system provided. I agree to pay the lost library book fee on any library materials I personally borrow and do not return.

Parent’s Signature: _____

Photographic Release

I am the parent or legal guardian of the child named in this application and I give to Saint John Lutheran Church and School the perpetual, royalty-free right to use such child’s photo(s) in any manner they wish, whether combined with other photos or text in the school’s or church’s publications or website, as static displays within the school, or for promotional displays outside the school. I understand that the publications have a large audience and my child’s photo will be available to the public generally. I further understand that Saint John Lutheran Church and School assumes no liability or responsibility whatsoever concerning any consequences of such use.

Parent’s Signature: _____