

MISSION LUTHERAN SCHOOL KINDERGARTEN REGISTRATION FORM 2024-2025

(PLEASE CIRCLE ALL THAT APPLY): **CURRENT STUDENT** **NEW STUDENT** **SIBLING** **ALUMNI** **CHURCH MEMBER**

CHILD INFORMATION

Child's Name: (First, middle, last)		Nickname:	
Date of birth (mm/dd/yy):	Age: (as of 9 / 01 / 2024)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current address:		City:	State: ZIP Code:
Any known allergies? - Please List:		Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any medication being taken? - Please List:			

Place of Birth: (country)	Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____		
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Mother/Guardian Name:		Primary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Home Phone:	Work Phone:	Cell Phone:			
Email:					
Address (if different from student's):		City:	State:	ZIP Code:	
Occupation:		Employer:			
Employer Address:		City:	State:	ZIP Code:	

Father/Guardian Name:		Primary Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Home Phone:	Work Phone:	Cell Phone:			
E-mail:					
Address (if different from student's):		City:	State:	ZIP Code:	
Occupation:		Employer:			
Employer Address:		City:	State:	ZIP Code:	

Child resides with: Both Parents Mom Only Dad Only Mom/Stepdad Dad/Stepmom Other

If other, please indicate:

List any existing medical conditions and/or known developmental delays or concerns:

Are you receiving outside services? Yes No

Physician to be called in the event parents can't be reached: **Phone:**

CHURCH AFFILIATION

Church Name:

Member: Yes No Would you like to receive additional information about Mission Lutheran Church?: Yes No

FOR OFFICE USE ONLY

Date:	Date enrolled:
Application Fee Amount Paid: Check #:	KRA Passed Yes No <input type="checkbox"/> <input type="checkbox"/>
Processing Fee Amount Paid: Check #:	Waiting list #:
State Forms (6): <input type="checkbox"/> Out <input type="checkbox"/> In	<input type="checkbox"/> 8:30-2:30 <input type="checkbox"/> Extended Day
	Total Points: Lottery #

MISSION LUTHERAN SCHOOL KINDERGARTEN REGISTRATION FORM 2024-2025

PHILOSOPHY, NON-DISCRIMINATORY POLICY & ADA POLICY

Mission Lutheran School is a Christ-centered learning environment designed to help children develop spiritually, academically, emotionally, cognitively, and physically through age-appropriate teacher assisted activities.

Mission Lutheran School admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities at the school. It does not discriminate based on race, color, national origin, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and other school-administered programs.

We will provide children with disabilities an equal opportunity to participate in Mission Lutheran School's programs and services unless their presence will pose a direct threat to the health or safety of others and if it requires a fundamental alteration to our program.

ADMISSION REQUIREMENTS

As of September 1st, 2024, the student must be at least 5 years of age and be up to date on state required immunizations for kindergarten age children. Under a new law enacted by SB 277, as of January 1, 2016, state laws established vaccination requirements for school children.

PAYMENT PROCEDURE AND RETURN CHECK FEE

Tuition payments are due on the first of each month. Please bring all monies for tuition to the school office. A receipt will be given only upon request. The school tuition is a yearly rate based on 180 days of instruction divided into ten equal payments (September–June). There are no tuition adjustments for holidays and vacations as they are already removed from the yearly rate. A 10% discount will be given on the lower tuition for the second child in the same family when attending together. A late fee of \$20.00 will be charged for any tuition paid after the 10th of the month. Failure to pay tuition for a one-month period without explanation will result in termination from the program.

The first tuition installment is due and payable May 15th, 2024 (or upon enrollment, if school enrollment occurred after that date). This tuition is applied to your last month of the 24-25 school year.

A check returned for non-payment will result in a \$25.00 charge. Payment by money order or cash will be requested if checks are returned for two consecutive payments.

WITHDRAWAL NOTICE

A 30-day written notice must be given to the school if it is necessary to withdraw a child from the program. The last month's tuition will be taken from the June 2025 installment. In most cases, it is a refundable, with a thirty-day written notice of withdrawal and the class vacancy filled before the first day of school. A month's tuition will be collected if a child is withdrawn without prior notice. Children who are absent for four consecutive weeks without any school contact will be dropped from the program and their space will be filled. Families wishing to withdraw a child for any length of time (week, month, etc.) but plan to return cannot utilize their June prepayment for the time away. You are required to continue to pay for tuition to hold your classroom space.

ON CAMPUS TEMPORARY CLOSURE

Temporary campus closure due to unforeseen circumstances, i.e., fire, earthquake, pandemic etc.... All classes will go virtual until it is safe to return to campus. Monthly tuition payments are still required until the end of the school term per your school contract. (June or August)

ADDITIONAL COMMENTS & INFORMATION

Is there any other information about your child that would be helpful to our school staff? (physical disabilities, needs/special accommodations, etc.)

PARTICIPATION WAIVER

I understand that Mission Lutheran School and Church are not liable or responsible for claims and/or demands, including any injuries, costs or damages inflicted upon myself and/or my family at any outside school event or activity associated with Mission Lutheran School and Church that we participate in. I agree to accept financial responsibility for all costs and assume all risks related to my participation.

Parent signature: _____ Date: _____

ADMISSION AGREEMENT

*I understand that all **Registration & Processing Fees** are **Non-Refundable**. I understand all physician and immunization requirements must be met prior to school entrance. I agree to abide by these policies and herewith enroll my child.*

Parent signature: _____ Date: _____