

MISSION LUTHERAN SCHOOL REGISTRATION FORM 2020-2021

(PLEASE CIRCLE ONE): 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 / 2020)	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"/> White, not Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other:				

PARENT/GUARDIAN INFORMATION

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to receive additional information about Mission Lutheran Church?: <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICE USE ONLY

Date:	<input type="checkbox"/> TK <input type="checkbox"/> Pre-K <input type="checkbox"/> Preschool
Processing Fee Amount Paid:	<input type="checkbox"/> M-F Full <input type="checkbox"/> M-F am <input type="checkbox"/> MWF Full <input type="checkbox"/> MWF am
Check #:	<input type="checkbox"/> T/TH Full <input type="checkbox"/> T/TH am <input type="checkbox"/> TWTH pm <input type="checkbox"/> T/TH pm
State Forms (6): <input type="checkbox"/> Out <input type="checkbox"/> In	Waiting List Choices: 1 st Choice: _____ 2 nd Choice: _____ 3 rd Choice: _____
Total Points: _____ Lottery # _____	

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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 generally accorded and made available to students 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, 2020, the student must be at least 2½ years of age. All children must be completely potty trained (no pull-ups) by August 1st, 2020 or 30 days prior to enrollment. Under a new law enacted by SB 277, as of January 1, 2016, state laws established vaccination requirements for school children.

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 out of the June 2021 installment with a thirty-day notice. 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, are responsible for tuition while they are away and cannot utilize their June prepayment for payment.

ADMISSION AGREEMENT

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: _____

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.)

IMMUNIZATION INFORMATION-OFFICE USE ONLY

Age	Required Vaccine Doses by Age						
	DTaP	Polio	Hib	Hepatitis B	Hepatitis A	MMR	Varicella
0-3 months	#1	#1		#1			
4-5 months	#2	#2		#2			
6-14 months	#3	#3		#3			
15-17 months			#1 - #4			#1	
18 mos - 4 yrs. 11 mos	#4						#1
School Age (5 yrs.+)	#5 ²	#3 ³ or #4		#3		#2 ⁴	#1