

APPLICATION FOR RE-ENROLLMENT

Preschool - 8th 2017-2018



STUDENT/FAMILY INFORMATION		
Last Name	First Name	Middle Name
Grade/Class for 17/18	Desired Schedule (Preschool)	
Please note any changes to contact information below:		
Email address:		
MEDICAL INFORMATION		
Any medical changes (allergies, medications)?		
Please ensure you complete the updated AZ Dept of Health Services Form		
PARENT AGREEMENT		
My child will participate in all school activities involving church services, concerts & special activities.		
I/We will allow photographs and video of my child to be used to share the good works being done at GLS via social media, our website, and other media outlets.		
I will allow our phone number to be listed in the 2017 - 2018 School Directory.		
By signing below, I acknowledge that it is my desire that my child be re-enrolled at Gethsemane Lutheran School for the 2017/2018 school year.		
Parent's Printed Name	Parent's Signature	Date
Initial Tuition Payment (K - 8th \$250) / Registration (Preschool \$170)		
Paid by	Check	Online
	Cash	Reference/Check #



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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2017-2018 TUITION RATES

TWO'S AND PRESCHOOL

REGISTRATION FEE \$ 170 (includes T-shirt)

			ANNUAL TUITION	MONTHLY TUITION
2's - 5 Half Days	Monday - Friday	8:30 am-11:30 am		\$480
2's - 5 Full Days	Monday - Friday	6:30 am - 6:00 pm		\$925
2's - 3 Half Days		8:30 am-11:30 am		\$300
2's - 3 Full Days		6:30 am - 6:00 pm		\$575
2's - 2 Half Days		8:30 am-11:30 am		\$200
2's - 2 Full Days		6:30 am - 6:00 pm		\$385
3's & 4's - 5 Half Days	Monday - Friday	8:30 am-11:30 am	\$3,750	\$375
3's & 4's - 5 Full Days	Monday - Friday	6:30 am - 6:00 pm	\$8,150	\$815
3's & 4's - 3 Half Days		8:30 am-11:30 am	\$2,500	\$250
3's & 4's - 3 Full Days		6:30 am - 6:00 pm	\$5,000	\$500
3's & 4's - 2 Half Days		8:30 am-11:30 am	\$1,750	\$175
3's & 4's - 2 Full Days		6:30 am - 6:00 pm	\$3,350	\$335

LUNCH BUNCH is available for all *half day* preschool classes listed above, M-F 11:30-12:30 \$8.00 per day on as needed basis. Hot lunch is an additional fee. Preschool monthly tuition is payable for 10 months August-May. 11 month payment plans are available by request. Two's tuition is payable monthly. 3% convenience fee per payment when using a credit card. School breaks are only included for 5 Full Day students, additional fees apply for students with part time schedules.

KINDERGARTEN-ELEMENTARY (Grades 1-5) – MIDDLE SCHOOL (Grades 6-8)

	ANNUAL	PREPAYMENT	BALANCE	MONTHLY
Kindergarten- Grade 5	\$7,000	\$250	\$6,750	\$675
Grades 6-8	\$7,500	\$250	\$7,250	\$725

\$250 Prepayment tuition is due at time of enrollment. Prepayment is eligible to be paid by an STO. Monthly tuition is payable for 10 months from August-May. 11 month payment plans are available by request. 3% convenience fee per payment when using a credit card.

FAMILY DISCOUNTS on TUITION (Preschool- 8th grade)

Church Member	10% if enrolled by 3/1/17
1 st Child	Regular Price
2 nd Child +	10% if enrolled by 3/1/17

Early Payment Discount:

5% Discount on net amount due tuition is paid by July 1, 2017

Cash (ACH) or Check Only

To be eligible for any tuition discounts a family must complete a financial aid application.

MISCELLANEOUS FEES (Kindergarten-8th Grade)

Before School Care (6:30-8:00 am)	\$ 8.00 hour
After School Care (3:30-6:00 pm)	\$ 8.00 hour
Lunch Fee	2's-2 nd Grade \$ 3.25 per lunch
	3 rd - 8 th Grade \$ 4.00 per lunch
Sports	varies by sport
Band Tuition	4 th -8 th Grade \$30/month for 9 months
Daycare over School Breaks	\$20 half/\$40 full per day

- Registration Fees/Tuition prepayment is due at time of enrollment if the student is accepted.
- All payments are due on the 20th of the month.
- A \$30 late fee is assessed on the Tuition balances outstanding on the 21st of the month.
- A \$30 fee is charged for any check or Auto pay returned by the bank.
- Childcare bills due on same dates as tuition, but one month in arrears.
- 3% convenience fee per payment when using a credit card.