

# APPLICATION PROCEDURES

## PRESCHOOL 2018-2019



### 1. FILL OUT AND RETURN THE FOLLOWING FORMS (Only complete applications will be accepted):

- Application for admission-** (A current email address must be on file. Financial Statements, Report Cards, Newsletters, Gator Bytes, and announcements will all be provided electronically to families.)
- Parent Commitment Form**
- Emergency Information-State of Arizona** (Note: A minimum of two emergency contacts are required to be listed in addition to the parents.)

### 2. ATTACH

- Birth Certificate Copy** (New students only)
- Proof of Immunizations** (Updated records)
- Registration Fee**

### 3. STUDENT ASSIGNMENT

Children will be assigned to a classroom according to their age and developmental skills on July 6th, 2018, on a first-come first-served basis until the class is filled. Our license requires all children attending GLS Preschool must be fully potty trained, wearing underpants and able to care for his/her own toileting needs. (Does not apply to Toddler Two's). We do not take teacher requests, all children will be assigned to classrooms during the summer break, after evaluations are completed.

### 4. FEES

Billing Statements are emailed on or before the first of the month. Your first tuition payment is due August 20th. Tuition is billed August through May (10 months).

A \$30.00 late fee will be charged to accounts that are not current by the 21<sup>st</sup> of each month.

Gethsemane 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 the administration of its education policies, admission policies, scholarship loan programs, and athletic and other school administered programs.

# APPLICATION FOR ADMISSION

## PRESCHOOL 2018-2019



| <b>STUDENT INFORMATION</b>   |            |               |                             |
|--|------------|---------------|-----------------------------|
| Last Name  | First Name | Middle Name   |                             |
| Gender   | Ethnicity  | Date of Birth | Who does child reside with? |
| Scheduled Attendance for 18/19 (M-F, T/Th, M/W/F, Kinder Prep is a M-F schedule) |            |               |                             |

| <b>PARENT / GUARDIAN</b> |            |     |
|--------------------------|------------|-----|
| Last Name                | First Name |     |
| Relationship to Child    |            |     |
| Marital Status           |            |     |
| Address                  |            |     |
| City                     | State      | Zip |
| Home #                   | Cell #     |     |
| Email                    |            |     |
| Employer                 |            |     |
| Occupation               | Work #     |     |
| Work Address             |            |     |

| <b>PARENT / GUARDIAN</b> |            |     |
|--------------------------|------------|-----|
| Last Name                | First Name |     |
| Relationship to Child    |            |     |
| Marital Status           |            |     |
| Address                  |            |     |
| City                     | State      | Zip |
| Home #                   | Cell #     |     |
| Email                    |            |     |
| Employer                 |            |     |
| Occupation               | Work #     |     |
| Work Address             |            |     |

**APPLICATION FOR ADMISSION**  
**PRESCHOOL 2018-2019**



| <b>CHURCH BACKGROUND</b>    |                                       |                          |
|-----------------------------|---------------------------------------|--------------------------|
| Family Church Attending     |                                       |                          |
| Are you active?<br>(Yes/No) | Is your student baptized?<br>(Yes/No) | Date of baptism if known |

| <b>SIBLINGS</b> |     |                  |
|-----------------|-----|------------------|
| Name            | Age | School Attending |
|                 |     |                  |
|                 |     |                  |
|                 |     |                  |

| <b>EMERGENCY CONTACT (OTHER THAN PARENTS)</b> |        |           |        |
|---|--------|-----------|--------|
| First Name                                    |        | Last Name |        |
| Relationship                                  | Cell # | Home #    | Work # |

| <b>MEDICAL INFORMATION</b>  |       |                    |       |
|---|-------|--------------------|-------|
| Any known allergies and/or food restrictions?   |       |                    |       |
| Does child have an Epi-pen? (Yes/No)  |       |                    |       |
| Doctor  | Phone | Dentist            | Phone |
| In the event of an emergency, and we are not able to contact you, do we have your permission to seek medical care as deemed necessary? (Yes/No) |       |                    |       |
| Do you give permission for your child to participate in field trips off campus under supervision of school staff? (Yes/No)                      |       |                    |       |
| Parent's Printed Name   |       | Parent's Signature | Date  |

# APPLICATION FOR ADMISSION

**PRESCHOOL 2018-2019**



| <b>EDUCATION AND DEVELOPMENT BACKGROUND</b>  |                    |      |
|--|--------------------|------|
| Last School Attended   | Class              |      |
| If student has ever repeated a grade, please state the grade and reason:   |                    |      |
| What helps to comfort your child if they are feeling upset?  |                    |      |
| What are your child's special interests and/or favorite pastimes at home?  |                    |      |
| Anything you would like to tell us regarding your child that would help us provide appropriate instruction:  |                    |      |
| <b>PARENT AGREEMENT</b>  |                    |      |
| My child will participate in all school activities involving church services, concerts & special activities. (Yes/No)  |                    |      |
| I/We 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. (Yes/No) |                    |      |
| Who referred you to Gethsemane?<br>Or, how did you find out about us?  |                    |      |
| Parent's Printed Name  | Parent's Signature | Date |

# PARENT COMMITMENT FORM

## PRESCHOOL 2018-2019



### REGISTRATION FEE (Non-refundable)

The registration fee of \$170.00 must be paid at the time of registration. This fee will reserve a place for your child; however, formal admittance will not be given until ALL necessary forms are received.

### TUITION

Tuition is due in full regardless of attendance. The tuition is based upon the total number of sessions the student is eligible to attend. Vacation periods, such as Christmas, Easter, and all other declared holidays, are not included in this total. **Daycare for school breaks is available at an additional charge.** Tuition for preschool is an annual rate and parents are given the option to pay in 10 monthly installments as a convenience.

Tuition fee covers:

1. Developmentally Appropriate Practice
2. Use of all facilities
3. Accident insurance
4. Supplies and equipment

### PAYMENTS:

Payments not received by the 20<sup>th</sup> of the month are considered delinquent and a \$30.00 late fee will be charged. All payments should be made to GLS (Gethsemane Lutheran School) and may be dropped off in the school office if paying by check.

1. I/we understand that statements will be sent electronically and it is our responsibility to check email for account balances. A current email address must be on file with the school.

I/we agree to pay tuition according to the following method (please check one):

- Annual:** Our family will pre-pay entire tuition on or before July 1<sup>st</sup> (5% Discount on net tuition due)
- Monthly:** Our family will pay tuition on a monthly basis for 10 months due on or before the 20<sup>th</sup> of each month starting August 1<sup>st</sup> and ending May 1<sup>st</sup>. Toddler Two's tuition is billed monthly, due on or before the 20<sup>th</sup> of each month starting June 1<sup>st</sup>.

All payments made with a credit card will be assessed a 3% convenience fee.

2. I/we agree to pay any lunch, or lunch bunch, or other incidental charges that may be incurred. Late fees may apply.
3. I/we understand that if my account is 30 days past due, the bill must be paid or satisfactory arrangements made within 30 days. If financial arrangement are not made with 30 days (60 days overdue) my child may be dismissed from the school. No student may be enrolled in the school unless past accounts are brought current or arrangements are made with the administrator.

### WITHDRAWAL

Parents **MUST** complete and sign a withdrawal letter when withdrawing a student. Withdrawal of your child (during the school year) must be cleared through the school office. At that time, we will make the necessary tuition adjustments. Tuition will be due as long as the child is registered in the school. Full payment is due for any month the child is in attendance.

### COMMITMENTS

1. I/we agree to cooperate with the administration and faculty in support of the preschool programs, policies, and procedures.
2. I/we give the school permission to use images of my child on the school web site.
3. I/we understand that we will be expected to volunteer 10 hours per year per family or pay a \$100 Non-Participatin fee to GLS.

The signing of this agreement constitutes a contract to abide by the rules and regulations of the school as established by the school ministry team, the administration, the faculty and the student body of Gethsemane Lutheran School.

I/we, the parents of \_\_\_\_\_, do herby pledge our support of this agreement.  
Student Name(s)

|                             |                          |                     |
|-----------------------------|--------------------------|---------------------|
| Father/ Guardian _____      | _____                    | _____               |
| <small>Printed Name</small> | <small>Signature</small> | <small>Date</small> |
| Mother/ Guardian _____      | _____                    | _____               |
| <small>Printed Name</small> | <small>Signature</small> | <small>Date</small> |



CDC/SGH# or name: \_\_\_\_\_

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

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

|                                 |   |
|---------------------------------|---|
| <b>Parent or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

|                                 |   |
|---------------------------------|---|
| <b>Parent or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

**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.)**

|              |                                  |
|--------------|----------------------------------|
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |

If Medical care is necessary, call:

|                              |              |                                  |
|------------------------------|--------------|----------------------------------|
| <b>Health Care Provider*</b> | <b>Name:</b> | <b>Contact Telephone Number:</b> |
|------------------------------|--------------|----------------------------------|

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

|   |  |
|---|--|
| <b>In case of injury or sudden illness,<br/>I request that this individual be called first:</b> |  |
|---|--|

The following individual(s) may NOT remove my child from the facility:

|                 |
|-----------------|
| <b>Name(s):</b> |
|-----------------|

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](http://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: |
|-------------------------------|--------------|-------|

**TWO'S AND PRESCHOOL**

REGISTRATION FEE \$ 170 (includes T-shirt)

|   |                 |                   | ANNUAL<br>TUITION | MONTHLY<br>TUITION |
|---|-----------------|-------------------|-------------------|--------------------|
| Preschool 2's tuition paid on a monthly basis   |                 |                   |                   |                    |
| 2's - 5 Half Days   | Monday - Friday | 8:30 am-11:30 am  |                   | \$500              |
| 2's - 5 Full Days   | Monday - Friday | 6:30 am - 6:00 pm |                   | \$960              |
| 2's - 3 Half Days   | Mon/Wed/Fri     | 8:30 am-11:30 am  |                   | \$312              |
| 2's - 3 Full Days   | Mon/Wed/Fri     | 6:30 am - 6:00 pm |                   | \$598              |
| 2's - 2 Half Days   | Tues/Thurs      | 8:30 am-11:30 am  |                   | \$208              |
| 2's - 2 Full Days   | Tues/Thurs      | 6:30 am - 6:00 pm |                   | \$400              |
| Preschool 3's, 4's and PreK follow Grade School calendar and payable in 10 month installments |                 |                   |                   |                    |
| 3's & 4's & PreK - 5 Half Days  | Monday - Friday | 8:30 am-11:30 am  | \$3,900           | \$390              |
| 3's & 4's & PreK - 5 Full Days  | Monday - Friday | 6:30 am - 6:00 pm | \$8,470           | \$847              |
| 3's & 4's & PreK - 3 Half Days  | Mon/Wed/Fri     | 8:30 am-11:30 am  | \$2,600           | \$260              |
| 3's & 4's & PreK - 3 Full Days  | Mon/Wed/Fri     | 6:30 am - 6:00 pm | \$5,200           | \$520              |
| 3's & 4's & PreK - 2 Half Days  | Tues/Thurs      | 8:30 am-11:30 am  | \$1,820           | \$182              |
| 3's & 4's & PreK - 2 Full Days  | Tues/Thurs      | 6:30 am - 6:00 pm | \$3,480           | \$348              |

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)**

|                       | ANNUAL  | PREPAYMENT | BALANCE | MONTHLY |
|-----------------------|---------|------------|---------|---------|
| Kindergarten- Grade 5 | \$7,250 | \$250      | \$7,000 | \$700   |

\$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- 5<sup>th</sup> grade)**

|                         |                           |
|-------------------------|---------------------------|
| Church Member           | 10% if enrolled by 3/1/18 |
| 1 <sup>st</sup> Child   | Regular Price             |
| 2 <sup>nd</sup> Child + | 10% if enrolled by 3/1/18 |

**Early Payment Discount:**

5% Discount on net amount due tuition is paid by July 1, 2018

Cash (ACH) or Check Only

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

**MISCELLANEOUS FEES (Kindergarten-5<sup>th</sup> 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 <sup>nd</sup> Grade \$ 3.25 per lunch               |
|                                   | 3 <sup>rd</sup> - 5 <sup>th</sup> Grade \$ 4.00 per lunch |
| Sports                            | varies by sport   |
| 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 20<sup>th</sup> of the month.
- A \$30 late fee is assessed on the Tuition balances outstanding on the 21<sup>st</sup> 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.
- Refunds at the discretion of Gethsemane Lutheran School.