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TRINITY LUTHERAN SCHOOL APPLICATION FOR REGISTRATION FORM 2010-11

DATE: _____ TRINITY LUTHERAN CHURCH MEMBER: Yes or No

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS – Street: _____

City: _____ State: _____ Zip: _____

TELEPHONE NO.: Mom's Work/Cell _____ Dad's Work/Cell _____ Home _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ **SEX:** _____

(Documentation Required)

CHECK ONE		
<input type="checkbox"/> KINDERGARTEN	<input type="checkbox"/> FOURTH GRADE	<input type="checkbox"/> EIGHTH GRADE
<input type="checkbox"/> FIRST GRADE	<input type="checkbox"/> FIFTH GRADE	★ BEFORE/AFTER CARE FOR KINDERGARTEN & GRADES 1-8 (CCC application Required)
<input type="checkbox"/> SECOND GRADE	<input type="checkbox"/> SIXTH GRADE	
<input type="checkbox"/> THIRD GRADE	<input type="checkbox"/> SEVENTH GRADE	
CLASS BEGINS ON _____		

Learned of Trinity: Friend ___ Internet ___ Yellow Pages ___ Newspaper Ad ___ School Sign ___ Other ___

It is my intention to continue my child's education in the Trinity Lutheran School and/or Child Care Center through grade _____. Where is your child currently attending school? _____

FIELD TRIP PARTICIPATION – The School's regular program includes field trips and other off-ground activities which involve transportation of children by bus companies.

Yes **No** Do you grant permission for your child to participate in field trips and be transported by contracted bus companies? Failure to mark either space means we will presume you intend to grant full permission for your child to participate in field trips.

PUBLICITY AND OUTSIDE CONSULTANTS – The school's programs may involve publicity of children and outside consultations regarding children.

Yes **No** Do you grant permission for the following consultants to interview or test your child? (A) school speech and language professional, (B) local health department/hearing, vision, and scoliosis screening.

Yes **No** Do you grant permission for your child to be photographed for publicity or by any of our local newspapers? Failure to mark either space means we will presume you intend to grant permission for your child to be photographed, tested, etc.

FEES

PAYMENTS:

- 1) The fee due with the Application for Registration is **non-refundable**.
- 2) Upon the acceptance in the school, the parent/guardian is **responsible for the entire year's tuition**. Payment in full or monthly payment is required the first day of the month following the acceptance of your child's registration to retain class placement.

- 3) Untimely payments may result in forfeiture of class placement. Payments received in the office 10 days after the due date will incur a late payment fee of \$30.00. Monthly payments may be rendered by Automatic Deduction (Authorization Applications are available in the office). Payments may also be made by credit card.

DISCOUNTS:

- 1) Multi-child discount for the second child is \$75.00; for the third or more is \$100.00 each. **This discount applies only to the In-House Registration.**
- 2) Trinity Lutheran Church Member discount of \$100.00 per family will be granted to all members of good standing as stated in the application for Church Member Discount if child is registered prior to **January 8, 2010**. **This discount applies only to the In-House Registration.**
- 3) Cash/early payment discount of 2% will be granted if payment is received in full by **January 8, 2010**. **Note that credit card payments are not eligible for the Cash/early payment discount. This discount applies only to the In-House Registration.**
- 4) **No discounts are allowed after January 8, 2010.**

REFUNDS:

- 1) All fees are refunded (**with the exception of the testing fee**) if Trinity Lutheran School cannot accept the child. Acceptance is contingent on student's developmental readiness and space availability.
- 2) All requests for refunds or withdrawals must be requested in writing and received in the office prior to the deadline.
- 3) The fee due with the Application for Registration is **non-refundable** following the acceptance of your child's registration.
- 4) **Withdrawals** received on or before March 1, 2010 for the school year 2010-11 will be honored with a refund of only the amount paid in excess of the non-refundable fee due at registration. Withdrawals received after March 1, 2010 for the school year 2009-10 will be honored with refund of **only** the amount paid in excess of the non-refundable fee due at registration, provided **the child can be replaced** in the class of the withdrawing student. There will be no refunds for withdrawals after **March 30, 2010** except for those specified in #5 & #6. The parent or guardian is **responsible for the entire year's tuition**, payable by **September 1** of each new school year.
- 5) If there is a long-term illness (30 days or more with a signed statement from a physician) or student's death, a pro-rata refund of prepaid tuition fees in excess of the non-refundable fee due at registration will be granted.
- 6) If there is an employment or military transfer of the family of a distance 75 miles or greater, with written confirmation from the employer, a refund of prepaid tuition fees in excess of the non-refundable fee due at registration may be granted provided the child can be replaced in the class of the withdrawing student.

Please initial that you have read the Refund Policy.

ADDITIONAL FEE SERVICES ARE:

- 1) Grade School Before and/or After Care
- 2) Late pickups
- 3) Middle School Pre-school Sibling Care

TUITION ASSISTANCE SERVICES:

- 1) **Credit Card** (Visa, Master Card and Discover)
- 2) **Trinity Lutheran Pride Loan** - HARCO Credit Union
- 3) **Financial Aid for School Tuition (FAST)**

NOTE:

All Health and Registration Forms must be completed and in the school office before a child will be admitted. Trinity Lutheran School is an equal opportunity provider. It does not discriminate on the basis of its educational policies or any administered programs.

TUITION FEE FOR SCHOOL YEAR:

\$ _____ less Trinity Church Member Per Family (certificate required) or ****multi-child discount** \$ _____ = \$ _____

Please return this form with the ***non-refundable** Fee deposit of \$ _____

The next payment due date is _____.

I HAVE READ AND UNDERSTAND THE REFUND POLICY AND PAYMENT PLAN OF TRINITY LUTHERAN SCHOOL.

FATHER/GUARDIAN

DATE

MOTHER/GUARDIAN

DATE

INDIVIDUAL RESPONSIBLE FOR PAYMENT:

SIGNATURE

TELEPHONE NUMBER

ADDRESS (if different from front page)

(OFFICE USE ONLY)

CASH _____ CHECK NO. _____

PROCESSOR'S SIGNATURE _____

FID No. 52-0799211

CREDIT CARD (Visa, Master Card or Discover)

DATE _____ AMOUNT PAID \$ _____