

APPLICATION FOR ENROLLMENT

ST. JOHN LUTHERAN CHURCH
EARLY CHILDHOOD EDUCATION PROGRAM
1350 Court St. NE – Salem, OR 97301
Phone: (503) 588-0171

Child's Full Name _____

Parent's Name(s) _____

Date of Application _____ Billing Address _____

A.M. Class (circle one) 3's 4's K _____

Desired Starting Date _____

Please see *fee schedule* to determine the following:

	<u>Days (M-F)</u>	<u>Arrival/Depart Time</u>	<u>Mo. Fee</u>
_____ Plan A: Up to 4.5 total hrs/day	_____	/	_____
_____ Plan B: Up to 10.25 total hrs/day	_____	/	_____
_____ Plan C: ½ day Kindergarten	_____	/	_____
_____ Plan D: Full day Kindergarten	_____	/	_____

PLEASE NOTE:

*If you need child care outside the hours indicated above, **prior arrangements** are required and there is **no guarantee of space** availability.

+If your child is enrolled **prior to the 15th of the month**, you will be charged the **full month's tuition**. **After the 15th** you will be charged **½ of the tuition**.

+A \$100.00 non-refundable registration fee and a deposit of ½ of your 1st month's tuition is required each year at the time of enrollment.

+ Additional preschool mornings may be arranged **if there is space**, but you must **sign in** to child care and pay the **hourly rate**.

+Any **additional hours will be charged at the hourly rate**. Children not enrolled in child care who are picked up **after 11:30 will be charged for a minimum of 15 minutes**.

+If your plan includes pre/k, your child must **be in class on time** and the hours of your plan begin then. If late for class, he/she will still need to be **picked up on time to avoid additional charges**.

+A **Certificate of Immunization Status** must be on file by your child's first day of attendance.

+Preschool "4's" must attend at least **3 mornings per week**.

THE APPLICANT

Child's Name _____ Nickname _____ Sex _____

Address _____ City _____ Zip _____

Phone _____ Child's Age (yrs) _____ (months) _____

Home e-mail (used to post alerts, announcements, etc.) _____

Child's birth date (month, day, year) _____

Parent 1 Name _____ Work Phone _____ Cell _____

Employed by _____ Position _____

Parent 1 Address _____ Soc. Sec. # _____
(If not the same as child's)

Parent 2 Name _____ Work Phone _____ Cell _____

Employed by _____ Position _____

Parent 2 Address _____ Soc. Sec. # _____
(If not the same as child's)

Marital Status: single ____ married ____ separated ____ divorced ____

Brothers/Sisters names, ages _____

CHURCH INTERESTS

Name of church now attending (if any) _____

Does your child attend Sunday school? Regularly _____ Occasionally _____

GENERAL INFORMATION

Has your child had previous experience in school/child care? _____

If so, when and where? _____

Please give any information concerning your child which may be helpful to his/her teachers (eating, sleeping, play habits, fears, likes, dislikes, etc.):

I would be interested in helping with...(circle response): A. field trips B. class parties C. making instructional materials D. other _____

My name, address and phone number may be included in a directory for parents of enrolled children:

yes _____ no _____

My child's photo may be taken and displayed (no name): _____ facebook/instagram _____ flyers _____ promo posters

Video's may be taken of my child to be used for promotional purposes (including facebook). yes _____ no _____

My child may handle small animals (such as hamsters): yes _____ no _____

In afternoon child care, I wish my child to: A. nap daily B. rest only C. choose with teacher guidance, nap or rest time.

How did you become interested in our school? _____

HEALTH

Is your child receiving on-going medication? _____ If yes, do you give permission for the school to administer the prescribed medication? _____

Date of last tetanus immunization _____ Has your child had: measles _____ mumps _____

Chicken Pox _____ Whooping cough _____ Scarlet Fever _____

Allergies or other serious problems _____

Are the above problems serious enough to restrict your child's activities? _____

EMERGENCY CONTACTS/AUTHORIZATION FOR PICK-UP

If neither parent can be reached – contact the following people who are authorized to pick up/deliver your child to/from school:

Name _____ Phone _____ Work Phone _____

Name _____ Phone _____ Work Phone _____

Name _____ Phone _____ Work Phone _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Is there anyone who poses a special threat to your child's safety? Please indicate here and leave a photo if possible.

Name: _____ Relationship to child: _____

Description: Age _____ Hair Color _____ Other _____

If there is a court order prohibiting contact with your child, we need to have a copy on file.

ENROLLMENT AGREEMENT

(Initial if in agreement)

- _____ 1. I agree to become familiar with and to cooperate with the school's administration and its policies.
- _____ 2. I am ultimately responsible for any debt accrued. I agree to pay my financial obligations.
- _____ 3. St. John staff has my permission to secure emergency medical care for my child from any available physician. An ambulance may be called at my expense.
- _____ 4. St. John staff has my permission to transport my child on any scheduled field trips.
- _____ 5. I understand that St. John Lutheran School is a Christian program sponsored by St. John Lutheran Church and that concepts about Jesus and God are incorporated into the curriculum.

Signature of parent or guardian

DO NOT WRITE IN THIS SPACE

Date Received _____

Reg. Fee Received _____

Immunization Form _____

Field Trip Permission _____