



"Quality Education in a Family Environment"

For Office Use Only			
Schedule: _____	Class: _____	Start Date: _____	
Rec'd _____	Reg Amt _____	Pymt _____	CC Date _____

School Year: 22-23

- New Applicant
- Re-Enrollment

PS through Pre-K Enrollment Form

Student Information

Date: _____

Student's Name: *Last* _____ *First* _____ *Middle* _____

Preschool Schedule (<i>choose one</i>):	<input type="checkbox"/> Full-time	<input type="checkbox"/> Flex-time	<input type="checkbox"/> Half-time
# of days/week (<i>choose one</i>):	<input type="checkbox"/> 5 Days (M-F)	<input type="checkbox"/> 3 Days (MWF) /Other _____	<input type="checkbox"/> 2 Days (T/Th) /Other _____
Potty Trained (<i>choose one</i>):	<input type="checkbox"/> Yes	<input type="checkbox"/> No (<i>fee applies</i>)	

Birth Date/Age: _____ Birth City/State: _____ Birth Country: _____

Male Female Ethnic Background: _____

(Statistical purposes only)

Please list any health concerns or allergies: _____

Are there any special needs or family situation you feel we need to be aware of? (Please include Regional Center information, IEP, 504 Plan, other assessments, etc. and any disciplinary action at a previous school.)

How did you hear about our school? _____

Last School Attended: _____

Family Information

Marital Status: Married Single Separated Divorced Widowed Remarried

Student lives with: Father, Mother, Stepmother, Stepfather, Grandparents, Legal Guardian? _____

Mother's Name: _____ Social Security #: _____/_____/_____

Address: _____ City/State: _____ Zip Code: _____

Phone – Home: _____ Work: _____ Cell: _____

Occupation/Employer: _____ Email: _____

Father's Name: _____ Social Security #: _____/_____/_____

Address: _____ City/State: _____ Zip Code: _____

Phone – Home: _____ Work: _____ Cell: _____

Occupation/Employer: _____ Email: _____

Communication

Send mailings to (*choose one*): Father Mother Both

Send bills to (*choose one*): Father Mother Both

Releases

I give Concordia Christian my permission to:

- Use my student's picture for promotional purposes (i.e. *Signs, brochures, website, social media, etc.). Yes No
- Use my student's first name to describe pictures for promotional purposes (*). Yes No
- Supervise my student's computer use and my student and I agree to abide by the rules provided. Yes No

Parent/Guardian Signature _____ Date _____

Siblings in Concordia Christian School

Sibling 1: _____ Date of Birth _____ Grade _____
Sibling 2: _____ Date of Birth _____ Grade _____
Sibling 3: _____ Date of Birth _____ Grade _____

Baptized: _____ Date: _____
Denomination *Month and Year*

Does your family have a church home? Yes No If yes, Church you attend: _____

Are you, as parents, interested in learning about the Lutheran Church? Yes No

State Law requires complete Polio, Measles, Diphtheria, Tetanus, Hepatitis B and Tuberculosis Skin Test Immunization before entering school for the first time. Also Pertussis immunization will be required of all entrants less than 7 years of age. Have you complied with this law? _____
(Initial)

Concordia Christian admits students of any race, color, age, gender, disability, 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, gender, disability, national or ethnic origin in administration of its educational policies, admissions policies or athletic and other school administered programs. If you believe, you or any individual have been discriminated against; write immediately to Secretary of Agriculture, Washington, DC 20250.

Financial Responsibility and Agreement

▪ **Registration Fee and Tuition Payments** are non-refundable.

▪ **Tuition Payment Plan** (*choose one*):

Payment in full by July 1st – a **5% discount** will be applied.

Payment in full by the first day of school – a **2.5% discount** will be applied.

Monthly Payments – monthly payments, including tuition and fees, are due beginning August 1st or at the time of enrollment (if after) and on the 1st of each month thereafter.

▪ **Late Payment Fee** of \$50 will be assessed if payment is not received by the 10th of the month. If payment is not received on or before the 25th of the month, your student's continuation in school will be in jeopardy.

▪ **Late Pick-up Fee** If a Half-time child is not picked up by 11:45 AM or a Flex-time child is not picked up by 3:15 PM; a fee will be charged of \$1 for the first 5 minutes then \$1 for every minute thereafter. If a Full-time child is not picked up by 6:00 PM; a fee will be charged of \$1 for each minute until 6:10 PM then a flat fee of \$50 after 6:10 PM. Fees will also apply should children be dropped off before their scheduled beginning time.

▪ **Returned Check Fee** will be assessed.

▪ **Two Weeks Written Notice** is required prior to a withdrawal from Preschool.

Print Name(s) or Person(s) Responsible for Payment: _____
(If other than parent, sign below*)

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____

▪ Upon acceptance of my child, I agree to timely pay my tuition to Concordia Christian School.

▪ I certify that all statements made above are correct, accurate and complete.

▪ I understand that no records will be released until tuition and all other financial obligations are paid in full.

▪ I have read the above and agree to abide by the policies outlined.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*Signature _____ Date _____

(Financially Responsible Person, if other than parent)