

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



Jesus said, "Let the little children come to me." Matthew 19:4

## Elementary Registration Form 2024-2025

Welcome to St. John Lutheran Academy!

681 E State Hwy 22  
Hamilton, TX 76531  
(254) 386-3332

St. John Lutheran Academy classes are determined based on the age of your child on September 1st, 2023. Please circle the class your child is eligible for.

Elementary Classes:      Kindergarten      1st Grade      2nd Grade

Date Registration Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash / Check #: \_\_\_\_\_

I understand that the non-refundable registration fee is due with this form to reserve a place for my child at St. John Lutheran Academy for the 2024-2025 school year. By registering during Early Registration from March 19th - May 23rd, 2024. The registration fee is \$90.00 (\$70 Registration fee and \$20 curriculum fee) after May 23rd, 2024 the registration fee is \$115.00 (\$95.00 registration fee and \$20.00 curriculum fee).

I also understand that tuition payment will be due monthly to the Academy based on the program I select for my child. The payment schedule is found on the Tuition Agreement Form. I understand this as a policy and that there will be no exceptions. I will fill out the required forms so that my child will be able to attend school beginning August 2023. Class size is limited according to the Texas Department of Family and Protective Services and/or staffing. Maximum class size will be determined by the Preschool Board and Director. Priority given to members of St. John Lutheran Church and St. Paul Lutheran Church in Aleman, TX may supersede waiting lists.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Student Enrollment Information

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Church: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone:

\_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone:

\_\_\_\_\_

Email: \_\_\_\_\_

Person to contact if parents cannot be reached:

\_\_\_\_\_

Phone number of contact person: \_\_\_\_\_

People living in the home with your child. (Parents, grandparents, siblings, etc.)

Name

Relationship

Age

\_\_\_\_\_

\_\_\_\_\_



Who will usually pick your child up from school?

\_\_\_\_\_

I hereby authorize St. John Lutheran Academy to allow my child to leave the facility ONLY with the following people:

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_



**Parent Signature:** \_\_\_\_\_ Date:

\_\_\_\_\_

## Getting to Know You...

Getting to know your child is very important to us! This form will help us to create activities that are geared towards your child's interests, build meaningful relationships, and create an environment that is warm and welcoming. Please fill out this survey to help us get to know your child.

What is your full name?

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Do you have a nickname that you like to be called?

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How old are you?

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Do you have any pets? ( YES / NO )

If yes, what kind of pets are they?

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What is something that you do well?

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How do you like to spend your free time?

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Do you have any fears?

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What is a typical night's sleep like?

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Who is your favorite person/people?

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What is your favorite food and/or snack?

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What is your favorite book?

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What is your favorite thing to do at school or what are you most interested in doing this year at school?

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Some of your other favorite things are...

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Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

## Elementary School Request Form 2024-2025

At St. John Lutheran Academy, we offer Kindergarten , 1st and 2nd Grade To ensure your child gets the most of his/her time at St. John, we require all of our Elementary age students to attend school 5 days a week.

### **Our Elementary Classes:**

**Kindergarten:** This class is designed for children 5-6 years of age. To be eligible for our Kindergarten class, your child must be 5 years old before September 1, 2024.

**1st Grade:** This class is designed for children 6-7 years of age. to be eligible for our 1st grade class, your child must be 6 years old before September 1, 2024 and have completed Kindergarten.

**2nd Grade:** This class is designed for children 7-8 years of age. to be eligible for our 2nd grade class, your child must be 7 years old before September 1, 2024 and have completed 1st grade.

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
<u>School Day</u> (7:45 AM - 2:15 PM)	✓	✓	✓	✓	✓

### Elementary Tuition

<u>Program</u>	<u>Cost</u>	<u>Payment Frequency</u>
5 School Days	\$542 Per Month	Monthly Payment
Kindergarten Field Trip Fee	\$50/ One Time Fee	Due at meet the Teacher
1st & 2nd Field Trip Fee	\$75/ One Time Fee	Due at meet the Teacher
School Supply Fee	\$100/One Time Fee	Due at meet the Teacher
Early Drop off	\$5 Per Day	Daily Payment
After school Care (2:15 - 5:15 PM) \$10/Day	\$10 Per Day	Daily Payment

I have read the requirements for the class I am enrolling my child in and agree to the terms and days set above

Parent Signature:

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## **Monthly Payments**

All Monthly Tuition is due on the first school day at the beginning of the month. All tuition fees are due and payable by the 10th day of each month. If your payment is not made in full by that date, you will be billed a late charge of \$10.00. If fees are still unpaid by the close of business on the 15th day of the month, St. John Lutheran Academy reserves the right to withdraw your child from the program.

St. John Lutheran Academy is fully functional on weekdays in accordance to the 2024-2025 school calendar provided. Although you may choose to keep your child at home some days, you must pay for the whole month, according to your child's enrollment status. Tuition is charged at full rate even when we are out of school for things, such as Christmas Break. The way tuition is calculated is by taking the operation cost of our program for the school year and then dividing it out evenly between months that are considered our school year.

A fourteen (14) day written notice is required for a child's withdrawal from the program.

## **Drop Ins**

All Drop-in fees are due on the day of service. Drop-ins are allowed on a **reservation basis as room allows**. Parents need to reserve their space with the Director at least 24 hours in advance and never make an assumption that there is going to be room for your child on any given day. Drop-in rates are set at the daily rate regardless of how many hours you choose to drop-off or pick-up your child.

## **Payment**

All invoices are sent through Brightwheel. Payments that are not made through Brightwheel should be placed in the locked tuition box in front of the office.

Checks should be made payable to St. John Lutheran Academy.

Cash payments **MUST** be enclosed in an envelope with the child's name, amount paid, and date.

## **Returned Checks**

If your check for tuition payment is returned, a \$30 fee will be charged to you. That fee must be paid immediately. If you have more than one check returned you may be put on a "cash" basis only for six months. If this problem continues, your child will not be allowed to return to school.

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I have read and understand the expectations for payment of tuition. I understand that by not abiding to the tuition payment policies may result in my child not being able to return to school.



Parent Signature:

Date:

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## Enrollment Forms – COMPLETE AND RETURN

*Please complete the entire form, do not leave blanks. PRINT CLEARLY!*

<b>Child's Full Name:</b> _____	<b>Date of Birth:</b> _____
<b>Child's Home Address:</b> _____	<b>City, State, Zip:</b> _____
<b>Child's Home Phone Number:</b> _____	<b>Date of Admission:</b> _____

<b>Mothers Full Name:</b> _____	<b>Fathers Full Name:</b> _____
<b>Home Phone Number:</b> _____	<b>Home Phone Number:</b> _____
<b>Work Phone Number:</b> _____	<b>Work Phone Number:</b> _____
<b>Cell Phone Number:</b> _____	<b>Cell Phone Number:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>City, State, Zip:</b> _____	<b>City, State, Zip:</b> _____
<b>Email Address:</b> _____	<b>Email Address:</b> _____
<b>Place of Employment:</b> _____	<b>Place of Employment:</b> _____

Is there a custody order on file with The State of Texas? (circle)    YES    NO    PENDING
<i>*If circled YES, a current copy of your court order MUST be attached*</i>

<b>Emergency Contact and Authorization to pick up:</b> <i>Please list 3 local individuals to contact in the event of an emergency</i>
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

<b>Permissions:</b> <i>(please circle)</i>
I hereby <u>give / do not give</u> consent for my child to be transported and supervised by the operations employees for <i>(please circle all that apply):</i> Emergency Care    Field Trips
I hereby <u>give / do not give</u> consent for my child to participate in field trips.
I hereby <u>give / do not give</u> consent for my child to participate in the following water activities <i>(please circle all that apply)</i>
Sprinkler Play            Splashing/Wading Pools            Swimming Pool            Water Table Play

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
<b>Parent Signature:</b> _____ <b>Date:</b> _____

I understand that a morning snack and afternoon snack will be served.
<b>Parent Signature:</b> _____ <b>Date:</b> _____

**School Age Children:** My child attends the following school/daycare center (other than St. John Lutheran Academy). Please put N/A and sign if not applicable:

Name of School: \_\_\_\_\_

Address, City, Zip, and Phone: \_\_\_\_\_

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Emergency Medical Attention:**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_ Emergency Medical Care Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any **allergies** or illness that would conflict with emergency care of treatment:

\_\_\_\_\_  
\_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information:**

List any special problems that your child may have, such as **allergies**, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

If not applicable, **initial here:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have diagnosed food allergies? \_\_\_ YES \_\_\_ NO

If your child has been diagnosed by a health-care professional with a known food allergy, a completed "Food Allergy Emergency Plan" must be on file prior to your child starting school. Plan Submitted on \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release**

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lunch Release**

I understand if and when my child stays at St. John Lutheran Academy through the lunch hour, either as a part of the 5 Full Day Program, or as a Drop-In Student, I am responsible for providing lunch for my child in a marked lunch box or bag. St. John Lutheran Academy is not responsible for its nutritional value or for meeting the child's daily food needs.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent's Acknowledgement of Parent's Guide to Day Care**

This is to acknowledge that Hailey Partin, Director at St. John Lutheran Academy, has provided me with A Parent's Guide to Day Care and has allowed me the opportunity to discuss its contents with her.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Child-care facilities must provide parents with a copy of "A Parent's Guide to Day-Care and review its contents with them.
2. Parents acknowledge receiving the Parent's Guide by signing and dating this form.
3. This acknowledgement is kept in the child's records as long as the child remains at the facility.

Note: Failure to provide parents with "A Parent's Guide to Day-Care", review its contents, and obtain a signed receipt, is a violation of standard 2300.A., A Day Care Minimum Standards and Guidelines.

## Due at Open House:

Physician's Statement

Shot Record

School Supplies

First tuition payment

## Physician's Statement

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following **MUST** be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1. \_\_\_ Health Care Professional' Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.



Health Care Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Professional Name \_\_\_\_\_

Address of Health Care Professional \_\_\_\_\_

2. \_\_\_ A signed and dated copy of a health care professionals statement is attached.

3. \_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. \_\_\_ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care program.



Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Vaccine Information

Age Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mo	2-3 yrs	4-6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus Influenzae type B											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB Test (if required) *please circle*      Positive      Negative      Date \_\_\_\_\_

Signature or Stamp of a physician or public health personnel verifying immunization information above.

 Health Care Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

*Complete ONLY IF Applicable*

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If you child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) \_\_\_\_\_ and does not need a varicella vaccine.

 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Complete ONLY if Applicable*

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_