



St. John Lutheran
ACADEMY

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

Student Registration Form 2023-2024

Welcome to St. John Lutheran Academy!

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

Child's Full Name: _____

Date of Birth: _____

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.

Preschool Classes: Little Doves (2's) Little Lambs (3's) Mighty Lions (4's)

Elementary Classes: Kinderooks (Kindergarten) 1st 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 2023-2024 school year. By registering during Early Registration from April 11th, 2023 – May 31st, 2023, the registration fee is \$75.00; after May 31st, 2023 the registration fee is \$100.00 (\$85.00 registration fee and \$15.00 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: _____

Any other important information about the child and his/her living situation:

Child lives with: Both parents Mom Dad Guardian

Does your child go to a daycare provider or grandparents during the day? (Yes / No)

If yes, please give the name, address, and phone number.

Who will usually bring your child to school? _____

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? _____

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

How old are you? _____

Do you have any pets? (YES / NO)

If yes, what kind of pets are they? _____

What is something that you do well? _____

How do you like to spend your free time? _____

Do you have any fears? _____

What is a typical night's sleep like? _____

Who is your favorite person/people? _____

What is your favorite food and/or snack? _____

What is your favorite book? _____

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

Some of your other favorite things are... _____

Date: _____ Child's Name: _____

Preschool Program Request Form 2023-2024

At St. John Lutheran Academy, we offer both **half days** and **full days** as part of our Preschool program. To ensure your child gets the most of his/her time at St. John, we require all of our Preschool age students to attend for a minimum of 3 consecutive half days. From there, parents are able to add any additional half days or full days to their child's program.


We offer three Preschool classes:

- **Little Doves**: This class is designed for children 2 years of age. To be eligible for this class, your child must be 2 years old before September 1, 2023.
- **Little Lambs**: This class is designed for children 3 years of age. To be eligible for this class, your child must be potty-trained AND 3 years old before September 1, 2023.
- **Mighty Lions**: This class is designed for children 4 years of age and are preparing for Kindergarten the following year. To be eligible for this class, your child must be potty-trained AND 4 years old before September 1, 2023.

Please use the chart below to select which days your child will be attending St. John.

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
<u>Morning</u> (7:45 AM - 11:30 AM) <u>Please circle a class below:</u> Little Dove Class Little Lamb Class Mighty Lion Class					
<u>Afternoon</u> (11:30 AM - 5:15 PM)					

I have read the requirements for the class I am enrolling my child in, have selected the days I want my child to be enrolled, and agree to the terms set above. My tuition will be based on the class and days selected. Any changes to this enrollment plan **MUST** be submitted to the Academy Director in writing.

 Parent Signature: _____

Preschool Tuition Agreement Form 2023-2024

At the time of enrollment, all children will be assigned one of the following tuition options for SPECIFIC DAYS. Parents are responsible for paying tuition corresponding to their enrollment and the applicable policies designated below. Monthly payments are due the first of the month. Daily payments are due on the day of service. More details are available in the Parent Handbook. If a parent would like to change the enrollment status of their child, a written request MUST be submitted to the Academy Director.

Little Doves Tuition Options				Little Lamb & Mighty Lion Tuition Options			
Program Choices	Cost		Payment Frequency	Program Choices	Cost		Payment Frequency
3 Half Days	\$260	Per Month	Monthly Payment	3 Half Days	\$195	Per Month	Monthly Payment
4 Half Days	\$347	Per Month	Monthly Payment	4 Half Days	\$260	Per Month	Monthly Payment
5 Half Days	\$433	Per Month	Monthly Payment	5 Half Days	\$325	Per Month	Monthly Payment
3 Full Days	\$520	Per Month	Monthly Payment	3 Full Days	\$390	Per Month	Monthly Payment
4 Full Days	\$694	Per Month	Monthly Payment	4 Full Days	\$520	Per Month	Monthly Payment
5 Full Days	\$867	Per Month	Monthly Payment	5 Full Days	\$650	Per Month	Monthly Payment
Drop In Options				Drop In Options			
Early Drop Off	\$5	Per Day	Daily Payment	Early Drop Off	\$5	Per Day	Daily Payment
Lunch Drop In	\$5	Per Day	Daily Payment	Lunch Drop In	\$5	Per Day	Daily Payment
Half Day Drop In (Morning or Afternoon)	\$25	Per Day	Daily Payment	Half Day Drop In (Morning or Afternoon)	\$20	Per Day	Daily Payment
Full Day Drop In	\$50	Per Day	Daily Payment	Full Day Drop In	\$40	Per Day	Daily Payment

Based on the Program you have selected for your child, you will owe:

Amount: _____ Due: Monthly

Date: _____ Child's Name: _____

Elementary School Request Form 2023-2024

At St. John Lutheran Academy, we offer both **Kindergarten** and **1st Grade** as part of our Elementary School program. 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:

- **Kinderoos (Kindergarten)**: This class is designated for children 5-6 years of age. To be eligible for our Kindergarten class, your child must be potty-trained AND 5 years old before September 1, 2023.
- **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 potty-trained AND 6 years old before September 1, 2023.

Please use the chart below to select which days your child will be attending St. John.

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

I have read the requirements for the class I am enrolling my child in and agree to the terms and days set above. My tuition will be based on the class and days selected. Any changes to this enrollment plan **MUST** be submitted to the Academy Director in writing.

Parent Signature: _____

Kindergarten & 1st Grade Tuition			
Program	Cost		Payment Frequency
5 School Days	\$542	Per Month	Monthly Payment
Field Trip Fee	\$150	One Time Fee	Fee Due at Open House
Drop In Options			
Early Drop Off	\$5	Per Day	Daily Payment

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 2023-2024 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 payments should be made at the Academy during school hours and should be given directly to the Director or placed in the locked tuition box. After your payment has been processed, a receipt will be placed in your child's folder. If you wish to pay for more than one month at a time, you are certainly able to do so. Please speak with the Director for more information.


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.

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: _____

Enrollment Forms – COMPLETE AND RETURN

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

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

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

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>

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

Permissions: <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.
Parent Signature: _____ Date: _____

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

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

Turn In AFTER getting Health
Care Professional's Signatures


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 _____

Turn In AFTER getting Health
Care Professional's Signatures

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 _____