



# BETHANY LUTHERAN CHURCH PRESCHOOL

## 2017-2018 SCHOOL YEAR

☐ Enrollment ☐ Reenrollment

☐ 3 DAY ☐ 4 DAY ☐ 5 DAY ☐ FULL OR ☐ PART TIME

DAYS DESIRED: ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

### FOR OFFICE USE ONLY

Registration Date: \_\_\_\_\_

Fee(s) Paid: \$ \_\_\_\_\_

Date Entering School: \_\_\_\_\_

Referral: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Goes by: \_\_\_\_\_

Child's T-shirt size \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: ☐ Male ☐ Female

Check wherever true:

Pupil lives with: ☐ Own Father ☐ Own Mother ☐ Stepfather ☐ Stepmother ☐ Guardian ☐ Is Adopted  
 Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Mother Deceased ☐ Father Deceased  
 Ethnic Background: ☐ Am. Ind. ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other

Notify the school principal/director immediately if there are any court orders restricting non-custodial parents or others from contact with the child.

☐ Yes, there are court orders regarding custody (please attach). ☐ No, There are no court orders regarding custody. ☐ Not Applicable

Does this student have an IEP/ISP? (Individual Education Plan) ☐ Yes ☐ No If yes, please provide a copy.

Primary Language Spoken at Home: ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

### NEW STUDENTS TO BETHANY LUTHERAN ONLY:

2016-2017 School Attended: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FAMILY INFORMATION	FATHER	MOTHER	OTHER
First and Last Name (please print legibly)			
Work Phone Number	(_____) _____ - _____	(_____) _____ - _____	(_____) _____ - _____
Occupation			
Employer			
Home Mailing Address			
City, State, Zip			
Home Phone Number	(_____) _____ - _____	(_____) _____ - _____	(_____) _____ - _____
Cell Phone Number	(_____) _____ - _____	(_____) _____ - _____	(_____) _____ - _____
Email Address			
Billing Address / Billing E-Mail Address	Billing Address:		Billing E-Mail Address:

### SCHOOLMESSENGER INFORMATION

Primary Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (mobile phone)  
 Secondary Contact Number(s): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ; (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Out of State Contact Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ; Other: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### SIBLING INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ 2016-17 School Attending: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ 2016-17 School Attending: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ 2016-17 School Attending: \_\_\_\_\_

Non-Discriminatory Policy: Bethany Lutheran Schools admits students of any race, religion, color, and national origin 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, religion, color or national or ethnic origin in administration of its policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**FAMILY INVOLVEMENT SERVICE HOURS (FISH)**

Each Bethany Lutheran School family unit is asked to give five hours of service to our school each year. Families with children in both preschool and elementary school will give a total of five hours of service. These hours are to be completed by the parents/guardians, grandparents, aunts/uncles or high school graduate siblings of the students in our school.

The primary purpose of the FISH Program is to strengthen the relationship between families and our school. Willingness to use God-given abilities in service to the school enriches all of us, particularly the children, as they see servant hearts modeled. Details about how FISH hours may be served are included in a folder given to each family upon entrance to Bethany Lutheran School. If you have any suggestions to add to the list, please feel free to share them with the day school Principal or the Preschool Director.

Your time and talents will improve both the quality and the quantity of programs we can offer and we also hope the FISH Program will serve as a great way to get to know the other families in our Bethany community. When necessary, a donation of \$100 will be accepted in lieu of service hours and will be due before the first day of school. These donations will be used to hire a part-time FISH coordinator and to fund other programs in the school. Un-served hours will be billed at the rate of \$20 per hour at the end of the school year. It is up to each family to decide how and when to fulfill their FISH commitment. Your time and talents will improve both the quality and the quantity of programs we can offer and we also hope the FISH Program will serve as a great way to get to know the other families in our Bethany community.

\_\_\_\_\_ We understand our FISH Hours obligation as a Bethany Lutheran Preschool family.

\_\_\_\_\_ We choose to give five hours of our time during the school year.

\_\_\_\_\_ We are unable to give our time to the FISH Program, but will give \$100 instead.

(Checks should be written to Bethany Lutheran School with FISH Program on the memo line.)

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

**ALLERGIES**

Name of Physician: \_\_\_\_\_ Office Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Office Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Has your child ever been stung by a bee? ☐ Yes ☐ No Was there a reaction? ☐ No ☐ Yes (explain): \_\_\_\_\_

List Student's known allergies: \_\_\_\_\_

List medical conditions of which the school should be aware: \_\_\_\_\_

List medications (dose) the student is taking: \_\_\_\_\_

Please note that additional forms are needed for incidental medical services including medications to be given at school, inhalers, and epi-pens that are stored at school

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION (For Statistical Reporting)**

For Statistical Reporting to Pacific Southwest District:

Bethany Lutheran Church Member: ☐ YES ☐ NO Student Baptized: ☐ Yes DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ No

Member of Other LCMS Congregation: ☐ Yes (Church Affiliation) \_\_\_\_\_

Member of Other Lutheran Congregation: ☐ Yes (Church Affiliation) \_\_\_\_\_

Member of Non—Lutheran Congregation: ☐ Yes (Church Affiliation) \_\_\_\_\_

Church Membership ☐ None Would you like to be contacted about membership ☐, or ☐ Baptism? ☐ Not at this time.

**CAMPUS USAGE PERMISSION**

FIELD TRIP PERMISSION: I give permission for my child to go on walking trips to the church, gym, Bethany Lutheran School, or on campus nature walks. I absolve Bethany Lutheran Church and Schools, its teachers, staff, and all members of its governing boards of any responsibility for the safety, welfare, health and well-being of my child, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher(s)' clear instructions. We the parents/guardians assume personally and exclusively all responsibility and reliability for accident, injury, etc. which may occur to my child.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**TUITION AGREEMENT—BETHANY LUTHERAN CHURCH PRESCHOOL**

A non-refundable registration fee of \$175 for the school year for new students, \$150 for returning students and \$75 for summer camp is required for official enrollment and is due at the time of registration. This fee covers the cost of registration materials, supplies, t-shirt, yearbook and curricular materials. It also includes the \$10.00 Disaster Supply Fee, which is paid only one time during a child's years at Bethany.

Tuition is charged on a school year basis, with an annual fee, payable in full or in 10 equal payments-August through May. Tuition payments are made through FACTS Tuition Management Program. Each payment is 1/10th of the total and is not related to the number of school days in that month. If the entire year's tuition is paid on or before August 1st, a 5% discount will be given. In order for this to happen the account must be set up in FACTS early in July. Parents are given the choice of having payments withdrawn on the 5th or the 20th of each month-August through May. No refunds can be given for days of illness. Full tuition payment will be expected to hold your child's place in the classroom in the event of family vacation time. No refunds of tuition will be given. A tuition discount is given to additional preschool/school children of the same family.

A child absent for two (2) consecutive weeks will be dropped from the official class list UNLESS the office has been notified in advance. **A two-week written notice is required if a child is to be withdrawn from preschool during the school year or tuition will continue to accrue. You will pay tuition for the final two weeks after notice is given. Any outstanding tuition must be paid in full before the child leaves Bethany Lutheran Preschool.**

If your start date is after the first day of your child's program, the tuition rate is pro-rated based on how many days your child is actually enrolled in our program. In the event the preschool closes due to a response to natural disasters or emergencies, there will be no refund given for closed days nor will tuition be pro-rated. We will follow the recommendations of the Superintendent of Long Beach School District in response to a Long Beach wide situation. We will follow the recommendations of the superintendent of Los Angeles for Los Angeles County wide situations.

Preschool Summer Camp tuition is completely separate from the school year tuition and is billed separately, payable in three sessions, to enable and encourage family vacations. Included in each child's permanent file will be this contract between the parents and Bethany Lutheran Preschool stating that the parents will agree to abide by the tuition policy as stated in the Parent Handbook.

Unless other arrangements have been made with the Director, late payments are assessed a \$30.00 late fee. Should tuition become one month delinquent, the student may be dropped from the program. In the event of a returned check, you will be required to repay the amount plus a returned check fee of \$30.00. We do accept credit cards. There is a \$30 fee for a declined credit card.

Space permitting, a session change may occur. There is a \$25 program change fee. One change is allowed without charge.

If you would like your child to come to school on a day that they are not scheduled to come, you may call the director to arrange it in advance if space is permitting at an extra charge of \$30 per day for the preschool hours between 8:30 a.m. and noon or \$50 per day for the full day between 6:30 a.m. – 6 p.m.

My (Our) child \_\_\_\_\_ will attend the following session:

8:30 a.m.—noon	1st child	2nd child	3rd child or more
3 days	\$3764	\$3203	\$2825
4 days	\$4641	\$3947	\$3488
5 days	\$5508	\$4682	\$4131
6:30 a.m.—6 p.m.	1st child	2nd child	3rd child or more
3 days	\$5987	\$5090	\$4488
4 days	\$7497	\$6375	\$5630
5 days	\$8823	\$7507	\$6620

A late charge of \$10 for each ten (10) minutes you are late picking up a child will be made. This is a separate charge from your tuition and is charged to your FACTS account.

I have read and understand the above "Admissions Contract" with regard to my financial obligations to the school.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

- I grant permission for Bethany Lutheran Church and Schools to use photographs, video, audio recordings, and/or textual materials created for use in classroom assignments, school projects, documentation, portfolios, displays, advertising, slideshows, school publications, including websites or other electronic forms of media. No compensation will be given.
- Parental permission is required for a student's picture or work to be published in community newspapers, district publications and the like. ☐ Yes ☐ No. I do not give permission.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**HANDBOOK**

- I agree to abide by the policies and regulations set forth in the Parent Handbook and outlined in the forms I have been given, and herewith enroll my child in the program selected.
- I understand and agree that if I (we) do not abide by the aforementioned rules and regulations that my child will be disenrolled from the school or dropped from the program.
- I understand that all immunization requirements must be met prior to school entrance/attendance.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY DIRECTORY**

We publish a directory that is distributed to our school families. Its purpose is for the convenient sharing of information (car pools, play dates, help for school events, etc.). This information is not to be used for commercial purposes. If you would like to be included in this directory, please indicate below:

- ☐ Yes, please include my family in the directory: Child's Name: ☐ Yes ☐ No; Parent/Guardian's Name: ☐ Yes ☐ No \_\_\_\_\_  
 Address: ☐ Yes ☐ No; E-mail: ☐ Yes ☐ No; Phone Number ☐ Yes ☐ No (number(s)) \_\_\_\_\_
- ☐ No, do not include me in this directory. I understand that if I choose not to be listed, then I will not be given a copy of the directory.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**PARENT / GUARDIAN COMMITMENT**

- I (we) hereby certify that the information on this application is accurate and complete, and that incorrect or incomplete information may result in non-acceptance or dismissal from school.
- If any information changes, I will notify the school immediately.
- I will commit myself to wholehearted, positive cooperation with my child's teacher, that my child might receive the best education possible.
- I will comply with the rules of the school and encourage my child to do the same. I understand the standards of Bethany Lutheran Schools do not tolerate profanity, obscenity in word or action, dishonoring of God or the Word of God, nor disrespect to other students, parents, staff, teachers, workers, volunteers, visitors, parishioners, or property of Bethany Lutheran Schools or Church.
- If my child is not able to comply with the standards of the schools after reasonable effort has been made, I agree to withdraw my child from the school.
- I have read, signed, and submitted the "Admissions Contract" with regard to my financial obligations to the school.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_



INSPIRING LIFE-LONG LEARNING  
**THE SCHOOLS OF  
 BETHANY  
 LUTHERAN**  
 CULTIVATING CHRISTIAN CHARACTER

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