



**St. Paul Lutheran**  
 Making Disciples of All Ages

**St. Paul Lutheran School & Childcare**

4715 Frederick Ave. – St. Joseph, MO 64506

Phone: 816-279-1118 – Fax: 816-279-1114

**Application for Enrollment 2016-2017**

Please complete and return with the proper registration fees to the school office. No application is considered complete until both the application and fees are paid. The registration fee is only refundable if the family is not accepted or they move out of town.

**Parent Contact Information**

**FATHER:**

MR. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SEPARATED

DIVORCED  WIDOWER  SINGLE

CHURCH: \_\_\_\_\_

PASTOR: \_\_\_\_\_

MEMBER  YES  NO

REGULARLY ATTEND WORSHIP  YES  NO

**MOTHER:**

MS. / MRS. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SEPARATED

DIVORCED  WIDOWER  SINGLE

CHURCH: \_\_\_\_\_

PASTOR: \_\_\_\_\_

MEMBER  YES  NO

REGULARLY ATTEND WORSHIP  YES  NO

# Child Contact Information

In accordance with state guidelines, students must have attained the age appropriate for the class in which they want to enroll by August 1 of that year. Immunization records must be up to date and on file with the school. All incoming Kindergarten students need the Series 3 Hepatitis vaccination.

## CHILD #1:

NAME: \_\_\_\_\_

ENROLLING IN:  Childcare  Before/After Care

Pre-School  T/TH Pre-K  MWF  AM  PM

Kindergarten  AM  PM

1ST  2ND  3RD  4TH  5TH  6TH  7TH  8TH

CHILD'S BIRTHDATE: \_\_\_\_\_

Does your child attend church and/or Sunday School regularly?

YES  NO

BAPTISM DATE: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

SCHOOL DISTRICT IN WHICH YOU RESIDE: \_\_\_\_\_

Specific name of the public school your child would attend:

\_\_\_\_\_

Please check information that obtains to your child and briefly explain in the space provided:  Physical Disability  Mental Disability  Learning Disability  Academic Problems  Difficulty Completing Work  Disciplinary Problems  Difficulty in Cooperating  Social Problems  Attitudinal Problems

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL/ALLERGY INFORMATION

Chronic Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

Regular Prescribed Medicines: \_\_\_\_\_

\_\_\_\_\_

## CHILD #2:

NAME: \_\_\_\_\_

ENROLLING IN:  Childcare  Before/After Care

Pre-School  T/TH Pre-K  MWF  AM  PM

Kindergarten  AM  PM

1ST  2ND  3RD  4TH  5TH  6TH  7TH  8TH

CHILD'S BIRTHDATE: \_\_\_\_\_

Does your child attend church and/or Sunday School regularly?

YES  NO

BAPTISM DATE: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

SCHOOL DISTRICT IN WHICH YOU RESIDE: \_\_\_\_\_

Specific name of the public school your child would attend:

\_\_\_\_\_

Please check information that obtains to your child and briefly explain in the space provided:  Physical Disability  Mental Disability  Learning Disability  Academic Problems  Difficulty Completing Work  Disciplinary Problems  Difficulty in Cooperating  Social Problems  Attitudinal Problems

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL/ALLERGY INFORMATION

Chronic Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

Regular Prescribed Medicines: \_\_\_\_\_

\_\_\_\_\_

# Child Contact Information

In accordance with state guidelines, students must have attained the age appropriate for the class in which they want to enroll by August 1 of that year. Immunization records must be up to date and on file with the school. All incoming Kindergarten students need the Series 3 Hepatitis vaccination.

## CHILD #3:

NAME: \_\_\_\_\_

ENROLLING IN:  Childcare  Before/After Care

Pre-School  T/TH Pre-K  MWF  AM  PM

Kindergarten  AM  PM

1ST  2ND  3RD  4TH  5TH  6TH  7TH  8TH

CHILD'S BIRTHDATE: \_\_\_\_\_

Does your child attend church and/or Sunday School regularly?

YES  NO

BAPTISM DATE: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

SCHOOL DISTRICT IN WHICH YOU RESIDE: \_\_\_\_\_

Specific name of the public school your child would attend:

\_\_\_\_\_

Please check information that obtains to your child and briefly explain in the space provided:  Physical Disability  Mental Disability  Learning Disability  Academic Problems  Difficulty Completing Work  Disciplinary Problems  Difficulty in Cooperating  Social Problems  Attitudinal Problems

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL/ALLERGY INFORMATION

Chronic Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

Regular Prescribed Medicines: \_\_\_\_\_

\_\_\_\_\_

## CHILD #4:

NAME: \_\_\_\_\_

ENROLLING IN:  Childcare  Before/After Care

Pre-School  T/TH Pre-K  MWF  AM  PM

Kindergarten  AM  PM

1ST  2ND  3RD  4TH  5TH  6TH  7TH  8TH

CHILD'S BIRTHDATE: \_\_\_\_\_

Does your child attend church and/or Sunday School regularly?

YES  NO

BAPTISM DATE: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

SCHOOL DISTRICT IN WHICH YOU RESIDE: \_\_\_\_\_

Specific name of the public school your child would attend:

\_\_\_\_\_

Please check information that obtains to your child and briefly explain in the space provided:  Physical Disability  Mental Disability  Learning Disability  Academic Problems  Difficulty Completing Work  Disciplinary Problems  Difficulty in Cooperating  Social Problems  Attitudinal Problems

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL/ALLERGY INFORMATION

Chronic Health Conditions: \_\_\_\_\_

\_\_\_\_\_

Allergic Reactions: \_\_\_\_\_

Regular Prescribed Medicines: \_\_\_\_\_

\_\_\_\_\_

# Emergency Information

In case of an emergency, the parent will be contacted first. In the event a parent cannot be reached, the school will contact the persons listed next. Please be sure to contact the school office anytime there is a change in phone number, emergency status, emergency contacts, etc.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE #: \_\_\_\_\_

# Other Information

I understand that the photograph(s) or video or audio recording(s) taken of my child by agents, employees, or representatives of the St. Paul Lutheran School & Childcare (hereinafter called "St. Paul") shall be used in connection with St. Paul's dissemination of information by its public service and academic programs to the general public. I hereby irrevocably authorize St. Paul to copy, exhibit, publish, or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing St. Paul programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears. I hereby hold harmless and release and forever discharge St. Paul from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my or my child's behalf, may have by reason of this authorization.

I AGREE     I DISAGREE

I give consent for our phone number and address to be printed in the school directory.

Yes     No

I give consent for my child(ren) to take part in walking field trips or excursions with the school with proper supervision. It is my understanding that I will be notified when field trips are planned using the bus.

Yes     No

My family has been referred by: \_\_\_\_\_

# Financial Information

**School tuition is charged to every child, and is due on the first day of each month (August through May).**

**Delinquent accounts may result in the termination of services.**

**Childcare tuition is billed and due every Monday.**

**Before and After Care is billed and due every Monday. Payment for extended care is billed one week later.**

The mission of St. Paul Lutheran Church and School is to prepare through God's Word, to declare God's grace and glory, and to share Jesus with you.

St. Paul Lutheran School is part of the largest Protestant parochial school system in the nation. Lutheran schools believe in quality education with an emphasis on God's love in our lives.

St. Paul Lutheran School offers academic programs from infant through eighth grade. Children are taught to be responsible, loving, and involved. They are prepared by being taught the expectations of God's law and are comforted with the wonderful news of forgiveness through Jesus Christ. St. Paul Lutheran School is dedicated to developing and fostering spiritual, academic, physical and social growth in children and their families so they are enabled to declare God's grace and glory and to share Jesus with the world.

Current curriculum, small class sizes, innovative teaching, computer lab, technology class, keyboarding, a quality Christian staff, and field trip experiences are the marks of our program. Students will be well prepared to advance to the next levels of their education and to meet the moral challenges they will face as children of God.

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

Parents are encouraged to be involved in a Christian congregation, supportive of the children's education, and concerned about the spiritual welfare of their children.

"Love the Lord your God with all your heart and with all your soul and with all your strength. These commandments that I give you today are to be upon your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up."  
Deuteronomy 6:5-7

"Train up your child in the way he should go, and when he is old, he will not depart from it," Proverbs 22:6

St. Paul Lutheran is dedicated to developing and fostering spiritual, academic, physical, and social growth in children and assisting them and their family in becoming productive members of God's Kingdom.

We pledge our full support of the Christian education provided for our child/children at St. Paul Lutheran School. We also accept the financial responsibility through tuition payments to the school.

**St. Paul Lutheran School admits students of any race, color and national or ethnic origin.**

To be completed by the office:

Date received: \_\_\_\_\_ Accepted  Yes  No

Registration Fees Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_



**St. Paul Lutheran**  
 Making Disciples of All Ages

**St. Paul Lutheran School & Childcare**  
 4715 Frederick Ave. – St. Joseph, MO 64506  
 Phone: 816-279-1118 – Fax: 816-279-1114

**Release of Information**

DATE: \_\_\_\_\_  
 CHILD'S NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 NAME AND ADDRESS OF SCHOOL TRANSFERRING FROM: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby authorize that the information below regarding my child be sent to our current school listed on this letterhead.  
 I understand that this information will be treated in a professional manner and considered confidential in nature.

|  |  |
|--|--|
| <input type="checkbox"/> Permanent Records | <input type="checkbox"/> Psychological Records     |
| <input type="checkbox"/> Medical Records   | <input type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Grades            | <input type="checkbox"/> Standardized Test Results |
| <input type="checkbox"/> Attendance        | <input type="checkbox"/> Other: _____              |

\_\_\_\_\_  
 Parent/Guardian Signature Date

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City State Zip



**St. Paul Lutheran**  
Making Disciples of All Ages

**St. Paul Lutheran School & Childcare**  
4715 Frederick Ave. – St. Joseph, MO 64506  
Phone: 816-279-1118 – Fax: 816-279-1114

## Medical Examination Report

### IDENTIFYING INFORMATION:

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### CURRENT STATE OF HEALTH:

I have examined the above-named child and verify that this child's medical history and current state of health

ARE  ARE NOT, satisfactory for participation in a child care program.

Does this child require any specialized care?  YES  NO

If yes, please in comments below.

### IMMUNIZATION HISTORY:

| IMMUNIZATION: | DATES GIVEN: |         |        |         |         |         |
|---------------|--------------|---------|--------|---------|---------|---------|
|               | DOSE #1      | DOSE #2 | DOSE#3 | DOSE #4 | DOSE #5 | DOSE #6 |
| DPT/DT/DTP    | _____        | _____   | _____  | _____   | _____   | _____   |
| POLIO         | _____        | _____   | _____  | _____   | _____   | _____   |
| HIB           | _____        | _____   | _____  | _____   | _____   | _____   |
| HEPITITIS B   | _____        | _____   | _____  | _____   | _____   | _____   |
| MMR/M         | _____        | _____   | _____  | _____   | _____   | _____   |
| VARICELLA     | _____        | _____   | _____  | _____   | _____   | _____   |

### COMMENTS/RECOMMENDATIONS:

(Special Diets, Allergies, Ear Infections, Convulsions, Diabetes, Emotional Problems)

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

\_\_\_\_\_  
Signature of Physician or Registered Nurse  
under the supervision of a physician

\_\_\_\_\_  
Physician's or Nurse's Name (Please Print)

\_\_\_\_\_  
If nurse supervised, indicate name of physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Clinic, Group Practice, or Other

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



**St. Paul Lutheran**  
Making Disciples of All Ages

**St. Paul Lutheran School & Childcare**  
4715 Frederick Ave. – St. Joseph, MO 64506  
Phone: 816-279-1118 – Fax: 816-279-1114

## Media Release

I understand that the photograph(s) or video or audio recording(s) taken of my child by agents, employees, or representatives of the St. Paul Lutheran School & Childcare (hereinafter called "St. Paul") shall be used in connection with St. Paul's dissemination of information by its public service and academic programs to the general public. I hereby irrevocably authorize St. Paul to copy, exhibit, publish, or distribute any and all such images and audio of my child or wherein he or she shall appear, including composite or artistic forms and media, for purposes of publicizing St. Paul programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears. I hereby hold harmless and release and forever discharge St. Paul from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my or my child's behalf, may have by reason of this authorization. Includes all media we use, newspaper, newsletters, Facebook, and our website.

I AGREE     I DISAGREE

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





# St. Paul Lutheran

Making Disciples of All Ages

## St. Paul Lutheran School & Childcare

4715 Frederick Ave. – St. Joseph, MO 64506

Phone: 816-279-1118 – Fax: 816-279-1114

### Tuition Fees

Greetings to you from St. Paul Lutheran School! It is time to prepare for the coming school year. Early registration has begun for the 2016-17 school year. You may pick up the forms in the office. Registration fees from January 5, 2016 through March 4, 2016 for all grades are as follows:

#### EARLY REGISTRATION:

|                  |                                 |
|------------------|---------------------------------|
| PRE-SCHOOL/PRE-K | \$75 + \$30 PTL & SECURITY FEE  |
| KINDERGARTEN     | \$190 + \$30 PTL & SECURITY FEE |
| GRADES 1-2       | \$215 + \$30 PTL & SECURITY FEE |
| GRADES 3-5       | \$220 + \$30 PTL & SECURITY FEE |
| GRADE 6          | \$260 + \$30 PTL & SECURITY FEE |
| GRADES 7-8       | \$265 + \$30 PTL & SECURITY FEE |

#### AFTER MARCH 4, 2016

|                  |                                 |
|------------------|---------------------------------|
| PRE-SCHOOL/PRE-K | \$75 + \$30 PTL & SECURITY FEE  |
| KINDERGARTEN     | \$215 + \$30 PTL & SECURITY FE  |
| GRADES 1-8       | \$240 + \$30 PTL & SECURITY FEE |
| GRADES 3-5       | \$245 + \$30 PTL & SECURITY FEE |
| GRADE 6          | \$285 + \$30 PTL & SECURITY FEE |
| GRADES 7-8       | \$290 + \$30 PTL & SECURITY FEE |

**Enrollment forms and the fee must be in the office by 4 p.m. March 4 to qualify for early registration.**

Please pick up your registration form as soon as possible. The registration fee is non-refundable. Registration fees include a technology fee for grades K-8 and a science fee for grades 6-8. Space in some classes may be limited.

Tuition payments are due on the first of every month. Tuition payments begin in August and go through May.

#### TUITION FEES:

|                      |                  |                 |             |
|----------------------|------------------|-----------------|-------------|
| T/TH PRE-SCHOOL      | \$810 PER YEAR   | \$90 PER MONTH  | SEPT. - MAY |
| MWF PRE-SCHOOL       | \$1,080 PER YEAR | \$120 PER MONTH | SEPT. - MAY |
| KINDERGARTEN MEMBERS | \$1,900 PER YEAR | \$190 PER MONTH | AUG. - MAY  |
| NON-MEMBERS          | \$2,000 PER YEAR | \$200 PER MONTH | AUG. - MAY  |
| GRADES 1-8 MEMBERS   | \$3,400 PER YEAR | \$340 PER MONTH | AUG. - MAY  |
| NON-MEMBERS          | \$3,600 PER YEAR | \$360 PER MONTH | AUG. - MAY  |