

OFFICE USE:

Entrance Date _____
Childcare FT _____ Hr _____ No _____
Transportation: Yes _____ No _____
Birth Cert _____ Physical _____
Immunization _____
Interview: _____ W/D: _____



OFFICE USE:

Registration Fee _____
Testing Fee _____
Activity/Books/Materials _____
Tuition _____
Transportation _____
ChildCare _____

**GLORIA DEI LUTHERAN SCHOOL
2025-2026 SCHOOL REGISTRATION CONTRACT**

FILL OUT FORM COMPLETELY AND WRITE "N/A" IF NOT APPLICABLE

Grade Level Placement _____

***Child's Name** _____ **Male** _____ **Female** _____
last first middle

Child's Home Address: _____
and street name city state zip

Primary Phone Number _____ **Birth Date:** Month: _____ Day: _____ Year: _____

School Attended 24/25 _____

Parent/Guardian's Name: _____ Relationship to Child _____
Last First

Parent/Guardian's Home Address: _____
and street name city state zip

Parent/Guardian's Place of Employment: _____

Parent/Guardian's Work Address: _____
and street name city state zip

Social Security Number: XXX - XX - _____ Occupation: _____

E-mail: _____ Primary Contact

Home Phone _____ **Cell Phone** _____ **Work Phone** _____
 *Please circle primary phone number

Parent/Guardian's Name: _____ Relationship to Child _____
Last First

Parent/Guardian's Home Address: _____
and street name city state zip

Parent/Guardian's Place of Employment: _____

Parent/Guardian's Work Address: _____
and street name city state zip

Social Security Number: XXX - XX - _____ Occupation: _____

E-mail: _____ Primary Contact

Home Phone _____ **Cell Phone** _____ **Work Phone** _____
 *Please circle primary phone number

Please circle one: 1) Married 2) Divorced 3) Separated 4) Single 5) Widow(er)

Parent/Guardian with Legal Custody _____

Church/Denominational Preference _____ Church Membership _____

Ages of Brothers _____ Ages of Sisters _____

INITIALS _____	<ul style="list-style-type: none"> I hereby make application for the attendance of my child in Gloria Dei Lutheran School. I understand that the Registration Fee is to accompany this application and is <u>not refundable</u>.
INITIALS _____	<ul style="list-style-type: none"> The Activity/Book Rental and Materials Fee is due June 2, 2025, and is also <u>not refundable</u>.
INITIALS _____	<ul style="list-style-type: none"> I have read and understand the fee payment schedule. I realize that upon registration of my child, <u>I am obligated to pay full tuition and fees from the date of admission to the end of the school year</u> unless the school elects to release me from such obligation. Proof of civilian or military transfer will constitute a release of this obligation.
INITIALS _____	<ul style="list-style-type: none"> Tuition fees are due by the 15th of each month and are considered delinquent if not received by 5:00 p.m. on the 20th of each month or the last working day prior to the 20th. A \$10.00 late fee per child will be assessed on payments received after the 20th of the month. Payments not received by the end of the month will result in my child not being able to return to school until the account is current.
INITIALS _____	<ul style="list-style-type: none"> Payments may be made by check, cashier's check, or money order. (NO CASH) I understand that Gloria Dei Lutheran School will assess a \$35.00 service charge on all returned checks. Accounts turned over for collection will be assessed legal fees and interest per state law.
INITIALS _____	<ul style="list-style-type: none"> Child care ends at 6:00 p.m. If a child is picked up at 6:01 p.m. from child care, the student's account will be charged an automatic \$15.00 late fee and then \$10 for each 5 minutes thereafter. (Ex: 6:10p.m. = \$35.00). Late fees will also apply for early closing

Parent/Guardian

Date

Parent/Guardian

Date

MEDICAL REQUIREMENTS: All students of Gloria Dei Lutheran School **MUST** have a ***birth certificate, updated immunization record, and physical*** documents submitted at time of enrollment for school. Students entering **kindergarten** **MUST** have an updated immunization report on file no later than the first day of school.

BIRTH CERTIFICATE
<ul style="list-style-type: none"> An original copy presented at the time of enrollment. Identity Verification Form, signed and dated, which will be completed by administration.

IMMUNIZATION RECORD
<ul style="list-style-type: none"> Documented proof of immunization record signed and dated by a licensed physician submitted at time of enrollment. Kindergarteners must submit an updated immunization record before the first day of school.

PHYSICAL
<ul style="list-style-type: none"> Documented proof of physical exam completed, signed, and stamped by a licensed physician at time of Completed within 12 months of the first day of school.

ADDITIONAL INFORMATION:

Gloria Dei Lutheran School agrees to notify the parent/guardian in the event of illness or emergency, and the parent/guardian agrees to pick up this child as soon as it is feasible. The parent/guardian authorizes Gloria Dei Lutheran School to obtain immediate medical care if an emergency occurs and he/she cannot be located immediately. The parents agree to notify our facility within 24 hours if their child or a family member contracts a communicable disease.

Signature: _____

IN CASE OF ILLNESS AND WE CANNOT REACH YOU, THE FOLLOWING WILL ASSUME RESPONSIBILITY: (two contacts are required, each with complete address [city, state, zip, and phone number])			
NAME:		PHONE NUMBER:	
ADDRESS		RELATIONSHIP:	
Street Address	City	State	Zip
NAME:		PHONE NUMBER:	
ADDRESS		RELATIONSHIP:	
Street Address	City	State	Zip
THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILD			
MOTHER:		FATHER:	
OTHER NAMES:			
THE FOLLOWING PERSONS <u>NOT AUTHORIZED</u> TO VISIT OR PICK UP CHILD:			

NOTE: If you have legal custody of this child, a copy of the Court Order **must be filed in the child's school record** to protect the school when refusing to release the child to a parent.

As per the court order on file, the following person(s) are **NOT authorized** to pick up this child _____

<u>Does your child have any of the following? If so, please list or write "N/A"</u>
Pre-existing medical conditions:
Food Allergies (specific):
Environmental Allergies:
Medication:
Unusual habits, fears or attachments?
Actions to take in an emergency
Signature _____

Signature: _____

• **FIELD TRIP CONSENT:** We require that you give your consent for your child to accompany his/her class on all field trips during the school year. Detailed information regarding each outing will be sent home with your child prior to every field trip. We reserve the right to limit and withdraw field trip privileges if a child is having behavior or discipline problems.

Signature: _____

• **STUDENT DIRECTORY:** Gloria Dei Lutheran School will compile a class roster, which may be helpful to you during the year. Are you willing for the following to be included on the roster, which will be sent home with your child's classmates?

Signatures: _____

• **STUDENT DIRECTORY:** Gloria Dei Lutheran School will compile a class roster, which may be helpful to you during the year. Are you willing for the following to be included on the roster, which will be sent home with your child's classmates?

- **Address:** Yes _____ No _____
- **Telephone Number:** Yes _____ No _____

Signatures: _____

• **STUDENT MEDIA INCLUSION:** In an effort to promote Gloria Dei Lutheran School, its students and its programs, student photos, class photos, candid shots, video, and the like, may appear on the school's official Web Site, Social Media - Facebook, Twitter, etc., the individual teacher's web page link, and/or school brochures, post cards, etc. This will be done with the review of the School's Principal

Signature: _____

• **MINOR INJURY REPORT:** "I understand that in case of a minor injury to my child, I will be notified in writing, by a note placed in my child's book bag."

Signature: _____

• **PARENTS' RESPONSIBILITIES:** The parent must notify Gloria Dei Lutheran School, in writing, if their child will be withdrawn from the school program

Signature: _____

• Gloria Dei Lutheran School and Child Care reserves the right to withdraw any child from the program if it is deemed necessary for the welfare of the child or the program.

Initial: _____

• A copy of the completed registration is available upon request.

Signature of Administrator

Date

Rev. 11/24

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665; (202) 690-7442; or email: Program.Intake@usda.gov