

**OFFICE USE:**

Entrance Date \_\_\_\_\_  
Child Cr FT \_\_\_\_\_ Hr \_\_\_\_\_ No \_\_\_\_\_  
Transportation: Yes \_\_\_\_\_ No \_\_\_\_\_  
Birth Cert \_\_\_\_\_ Physical \_\_\_\_\_  
Immunization \_\_\_\_\_  
Interview: \_\_\_\_\_ W/D: \_\_\_\_\_



**OFFICE USE:**

Registration Fee \_\_\_\_\_  
Testing Fee \_\_\_\_\_  
Activity/Books/Materials \_\_\_\_\_  
Tuition \_\_\_\_\_  
Transportation \_\_\_\_\_  
Child Care \_\_\_\_\_

**GLORIA DEI LUTHERAN SCHOOL  
2026-2027 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 25/26** \_\_\_\_\_

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 \_\_\_\_\_

**FEEES**

- 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 **not refundable**.
- The Activity/Book Rental and Materials Fee is due **June 1, 2026**, and is also **not refundable**.
- 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.

**PAYMENTS**

- I have read and understand the fee payment schedule. I realize that upon registration of my child, **I am obligated to pay full tuition and fees from the date of admission to the end of the school year** unless the school elects to release me from such obligation. Proof of civilian or military transfer will constitute a release of this obligation.
- 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.
- **Payments may be made by check, cashier’s check, money order or credit card. (NO CASH). Please note a processing fee will apply to all credit card transactions**
- 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.
- There will be no pro-rating of child care or school tuition due to sickness, holidays, vacations, absences, withdrawals, or inclement weather.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**RECORD REQUIREMENTS:** All students of Gloria Dei Lutheran School **MUST** have a ***birth certificate, updated immunization record, and physical*** at the time of registration.

An original birth certificate must be presented to complete the Identity Verification Form.

Documented proof of immunization and physical examination must be provided at time of enrollment. The physical must be completed within 12 months of the first day of school and signed or stamped by a licensed physician.

Students entering **kindergarten** **MUST** have an updated immunization report on file no later than the first day of school.

**MEDICAL 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.**

In the event of a minor injury to your child, you will be notified in writing, by a note placed in your child's bookbag

<b>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])</b>			
NAME:		PHONE NUMBER:	
ADDRESS		RELATIONSHIP:	
Street Address	City	State	Zip
NAME:		PHONE NUMBER:	
ADDRESS		RELATIONSHIP:	
Street Address	City	State	Zip
<b>THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILD</b>			
MOTHER:		FATHER:	
<b>OTHER NAMES:</b>			
<b>THE FOLLOWING PERSONS <u>NOT AUTHORIZED</u> TO VISIT OR PICK UP CHILD:</b>			

**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.

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

**ADDITIONAL INFORMATION**

**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.

**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 \_\_\_\_\_

**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

**WITHDRAWALS:**

The parent must notify Gloria Dei Lutheran School, in writing, if their child will be withdrawn from the school program.

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.

<b>Parent/Guardian</b>	<b>Date</b>	<b>Parent/Guardian</b>	<b>Date</b>
------------------------	-------------	------------------------	-------------

Signature of Administrator	Date	Rev. 2/26
----------------------------	------	-----------

A copy of the completed registration is available upon request.

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](mailto:Program.Intake@usda.gov)