



LAMBS OF FAITH PRESCHOOL

2017-2018 SCHOOL YEAR

- Enrollment
 Re-enrollment
 2 DAY
 3 DAY
 4 DAY
 5 DAY
 TK Days
 KINDERGARTEN
 Days desired M T W T F
 FULL -TIME(6:30AM-6:00PM)
 PART-TIME (8:30AM-12:15PM)
 KINDERGARTEN (8:30AM-2:30PM)

FOR OFFICE USE ONLY

Registration Date: _____
 Fee(s) Paid: \$ _____
 Date Entering School: _____
 Referral: _____

Registration Fee: \$120 per child Material Fee: \$120 per child Each is pro-rated down \$10/mo. Sept—Aug
Reinstatement Fee: \$50
Non-refundable and due at time of registration _____(Please initial)

STUDENT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Goes by: _____
 Birthdate: ____/____/____ Sex: Male Female Place of Birth : _____ State _____ Country _____
MONTH DAY YEAR
 Student resides with (check one) Both Parents Mother only Father only Shared Custody Step Parent Guardian _____
 For Statistical Reporting Only:
 Enrollment by Ethnic Origin: African-American American Indian Asian Caucasian Hispanic Other: _____
 Primary Language Spoken at Home: English Spanish Other: _____
 If Military, Branch of Armed Forces: _____

FAMILY INFORMATION	FATHER	MOTHER	OTHER _____
First and Last Name <i>(please print legibly)</i>			
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:

SIBLING INFORMATION

Name: _____ Age: _____ Grade: _____ 2017-18 School Attending: _____
 Name: _____ Age: _____ Grade: _____ 2017-18 School Attending: _____
 Name: _____ Age: _____ Grade: _____ 2017-18 School Attending: _____

Non-Discriminatory Policy: Faith 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.

ADDITIONAL INFORMATION (For Statistical Reporting)

For Statistical Reporting to Pacific Southwest District:

Faith 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, Community Life Center or on campus nature walks. I absolve Faith 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—LAMBS OF FAITH PRESCHOOL—2 YEAR OLD OR UNTIL POTTY-TRAINED

My (Our) child _____ will attend the following session:

I understand and agree to the following tuition, fees, and policies as listed in the handbook:

2017-2018 Programs / Rates	Preschool (8:30 A.M.-12:15 P.M.)	Full day (6:30 A.M. – 6:00 P.M.)
Tuesday & Thursday	___\$366/month	___\$523/month
Monday-Wednesday-Friday	___\$453/month	___\$647/month
4 Days Per Week	___\$559/month	___\$799/month
Monday through Friday	___\$665/month	___\$951/month

TUITION AGREEMENT—LAMBS OF FAITH PRESCHOOL—3-5 YEAR OLD & KINDERGARTEN

My (Our) child _____ will attend the following session:

I understand and agree to the following tuition, fees, and policies as listed in the handbook:

2017-2018 Programs / Rates	Preschool (8:30– A. M.-12:15 P.M.)	Full day (6:30 A.M. – 6:00 P.M.)	Kinder (8:30 A.M. – 2:30P.M.)
Tuesday & Thursday	___\$308/month	___\$440/month	
Monday-Wednesday-Friday	___\$407/month	___\$581/month	
4 Days per Week	___\$505/month	___\$722/month	
Monday through Friday	___\$616/month	___\$881/month	___\$881/month

PAYMENT INFORMATION

TUITION Tuition is billed monthly and is due on the 1st day of each month. Full tuition payment is expected to hold your child's place in the classroom in the event of family vacation time. No refunds are given for days of illness. Tuition refunds will not be given.

DISCOUNTS A 5% tuition discount is given for the following: to additional preschool children of the same family, to families that are members of Faith Lutheran Church, to military families and for automatic draft payments. A maximum of 2 tuition discounts will be given to any one family.

ABSENCES, NOTICE OF ABSENCES, WITHDRAWING No refunds or make-up days will be given for the dates a child misses school. 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 minimum two weeks written notice is required to withdraw a student. Tuition payments must be current, and parents are responsible for all charges during that time, regardless of the student's attendance. The tuition for the final two weeks after notice is given must be paid in advance if not already included in the monthly installment.

SESSION CHANGES Space permitting, a session change may occur. There is a \$30 program change fee. If you would like your child to attend school on a day that they are not scheduled to come, you may call the director to arrange it in advance if space permits. There is an extra charge of \$40 per day

EXTENDED CARE RATES

Faith offers an Extended Day Care (EDC) program for all students enrolled in Lambs of Faith Preschool called Creative Enrichment. The EDC's normal operating hours are 6:30 A.M. to 6:00 P.M. The rate is \$7.50 /hour for the first child, and a discounted rate for siblings is \$7.00/hour.

PICK-UP AFTER 6:00 P.M. Children signed out after 6:00PM will be charged \$1.00 per minute per child. Continuous late pickups will initiate a meeting with the director to determine a plan of action. Failure to pick up or abuse of any of these policies may result in suspension or termination of Extended Care privileges.

EXTENDED CARE WHEN PRESCHOOL CLASSES ARE CLOSED Creative Enrichment is available by reservation during many of the holiday breaks when the preschool classes are closed. Reservation sign-ups for Creative Enrichment during these holidays will be available for a 2 week period from 3 weeks prior to 1 week prior to the holiday period only. Families that reserve days, but then do not utilize the days will be subject to a \$25 fine for each reserved day not used.

EXTENDED CARE PAYMENT Extended Care fees and late fees will be due the day after the statements are sent out. The fees are considered delinquent after the tenth of the month. If arrangements for late payment have not been made with the director or bookkeeper, a late charge of

PAYMENTS / LATE FEES / CREDIT CARD FEES / RETURNED CHECK FEES / DELINQUENT ACCOUNTS

[Please Initial]

- ___ Payments not received on or before the 1st of the month are delinquent; EDC payments are due the day after statements are sent out.
- ___ If arrangements have not been made in advance with the Director or Bookkeeper, a \$25.00 late fee will be applied to the account on the 10th of the month in which the payment was due for Tuition and/or Extended Care.
- ___ Payments may be paid via EZCare, Cash, Check, Money Order, EFT, or Credit Card (Please see list of authorized cards on EZCare or in the office).
- ___ There is a \$25 fee for a declined credit card.
- ___ In the event of a returned check, you will be required to repay the amount owed plus a returned check fee of \$25.00. Late fees may also apply.

DELINQUENT ACCOUNTS

- ___ Delinquent accounts of 30 days are referred to the Board of Education (BOE). Should an account become 60 days delinquent, the BOE forwards recommendation for student disenrollment, drop from the program, and/or prohibit EDC use to the Board of Directors. All necessary steps, including appropriate legal action will be taken to ensure payment. If payment is not then received, the account will be referred to a collection agency.

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 Faith 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, I give permission. No, I do not give permission.

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 dis-enrolled 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; Home 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 Faith 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 Faith 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 "Tuition Agreement" with regard to my financial obligations to the school.

Parent/Guardian signature: _____ Date _____

Parent/Guardian signature: _____ Date _____

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www.lofpreschool.org • www.facebook.com/faithvista • www.facebook.com/lambsofffaith

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