

APPLICATION FOR ENROLLMENT 2017/2018

Young Fives program

Must turn five by December 31, 2017



Trinity Lutheran School

www.tlsjackson.com | 517.750.2105

Academic Excellence
Safe & Respectful Place
Sharing the Love of God

STUDENT INFORMATION

Last name _____ First _____ Middle _____ Grade YOUNG 5s

Birth date (mo/day/yr) _____ M_ F_ Baptism date _____ Birth place (city) _____

Ethnic origin American Indian African-American Asian Caucasian Hispanic Other _____

Health needs/disabilities requiring accommodation _____

Ever been recommended or tested for Special Education Services? Yes No Ever received services? Yes No

If yes, check appropriate box(es) Speech/language Learning disability Autism Other _____

Applying for Half time (8:00-11:30 daily) Full time (8:00-3:00)

APPLICATION REQUIREMENTS: This application must be accompanied by:

- Copy of birth certificate
- Updated immunization record or waiver (newly signed each year)
- Non-refundable application fee of \$100/family.
- Trinity's "Permission Form" with parent signatures

FAMILY INFORMATION

Children live with Both parents Mother Father Other _____

Parents are Married Divorced Separated Other _____

We live (will be living) in the _____ public school district.

Names and ages of other siblings living at home _____

FATHER'S INFORMATION

Name _____

Street address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Cell _____ Text? Yes No

Email _____@_____

Current church _____

Denomination _____

MOTHER'S INFORMATION

Name _____

Street address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

Cell _____ Text? Yes No

Email _____@_____

Current church _____

Denomination _____

EMERGENCY CONTACTS

Adults who can assume responsibility for my child/ren in an emergency if I/we cannot be reached:

First & last name(s) _____ Phone _____ Relation _____

First & last name(s) _____ Phone _____ Relation _____

PROJECTED TUITION COSTS (Will be confirmed on Tuition Payment Plan, to be completed with the principal)

The Young Fives program is a part of Trinity`s grade school program rather than the child care/preschool program. This means that the cost is based on Trinity`s K8 tuition rather than Child Care rates. This tuition cannot be covered by DHS funds and is not tax deductible as a child care expense. However, scholarships may be available from Trinity when a FACTS application is completed online. (Note: Trinity offers an automatic \$1000 scholarship for current preschool and Young 5s children applying for kindergarten.)

PLEASE CHECK ONE OF THESE BOXES:

Full day tuition:

- First child in family: \$3885 First sibling (2nd child) in family: \$2310 Additional siblings: no additional cost

Half time tuition:

- First child in family: \$1942 First sibling (2nd child) in family: \$1155 Additional siblings: no additional cost

Discounted rate for children/grandchildren of active members of Trinity Lutheran Church, or children of an active member of another Lutheran Church Missouri Synod congregation. (Requires pastor`s signature on Active Member Verification form.)

Full day Trinity & other LCMS congregation member`s discounted tuition:

- First child in family: \$3150 First sibling (2nd child) in family: \$1575 Additional siblings: no additional cost

Half day Trinity & other LCMS congregation member`s discounted tuition:

- First child in family: \$1575 First sibling (2nd child) in family: \$787 Additional siblings: no additional cost

- Name of Trinity member _____ Parent Grandparent

- or Name of other LCMS congregation _____ Pastor`s name _____

PAYMENT INTENTIONS

TOTAL TUITION _____

- One payment in June. Nine payments between June and April. Two payments, June and Jan.
 Other _____
 Yes No I plan to apply for financial aid, using the FACTS link at tlsjackson.com.

REFERRING FAMILY for new enrollments If a current Trinity (school or child care) family encouraged you to consider Trinity, please list their name here: _____

I agree to:

- Support all school rules and regulations
- Make every effort to attend parent/teacher conferences and to participate in other school events with my child/ren
- Meet with the principal to prepare and sign a Payment Plan, and to stay current with payments. I understand that if I fall two months behind, my child`s enrollment may be suspended.

I understand that Trinity`s Young Fives program is not designed to prepare my child for first grade and will not allow my child to bypass kindergarten the following year.

I understand that Young Fives tuition is separate from the cost of Trinity`s Early Childhood Center programs, and that a separate registration process is required for before/after school care or child care on days when school is not in session.

Signature of parent or guardian _____ Date _____

Signature of parent or guardian _____ Date _____