

APPLICATION PROCEDURES

Kindergarten – Grade 8 2015-2016

FILL OUT AND RETURN THE FOLLOWING FORMS (Only complete applications will be accepted):

- Application for admission-** (a current email address must be on file. Financial Statements, Report Cards, Newsletters, Gator Bytes, and announcements will all be provided electronically to families.)
- Parent Commitment Form**
- Transfer of Records** (from previous school)
- Maricopa County School Affidavit (Kindergarten-Second grade and new students)**
(Can be notarized here at the school free of charge)
- Emergency Information-State of Arizona** (Note: A minimum of two emergency contacts are required to be listed in addition to the parents.)

1. ATTACH (most of this information should be with school records) *

- Birth Certificate Copy ***
- Proof of Immunizations ***
- Transcripts – Gr. 1-8** (if available) *
- Prepayment Fee**

2. INTERVIEW PROCESS- Registration of new students is handled on an individual basis. Once paperwork is submitted, an interview will be scheduled between the parents and administration. Middle School students also attend the interview. The interview process is an excellent opportunity to get to know you better and for you to learn more about our school. If you request to have your application removed, it must be in writing. Once accepted, the registration fee is non-refundable.

3. KINDERGARTEN (ONLY) - Kindergarteners must meet requirements established by administration.

- a. Students entering Kindergarten must be **5 by September 1st** of the current school year.
- b. Students must be 5 before the last day of September of the current school year.
- c. Current Gethsemane Lutheran Pre-School students will be tested for kindergarten readiness during school hours.
- d. Recommendations from both the Kindergarten and preschool teacher (to be considered for early admittance.)

4. FEES

- a. **Billing Statements** are emailed on or before the first of the month. Your first tuition payment is due August 1. Tuition is billed August through May (10 months). Childcare for May will be billed in a June statement.
- b. **Withdrawal Notice** – Written notification of withdrawal must be submitted before July 1st.

A \$30.00 late fee will be charged to accounts that are not current by the 6th of each month.

STUDENT PROFILE RE-ENROLLMENT

Kindergarten – 8th 2015-2016

FIRST NAME _____ MI _____ LAST NAME _____ GOES BY _____

Birth date ____/____/____ Age _____ Sex: M F Church Attending _____

Ethnicity _____ GRADE IN 2015-2016 (Circle One) K 1 2 3 4 5 6 7 8 K

PARENT INFORMATION (Please update with best contact information, change only if needed.)

Father

Last Name _____ First Name _____

Home # _____ Cell # _____

Work# _____ Email _____

Address _____

Mother

Last Name _____ First Name _____

Home# _____ Cell # _____

Work# _____ Email _____

Address _____

PARENT AGREEMENT

My child will participate in all school activities involving church services, concerts & special activities. YES NO

I will allow photographs and video recordings of my child to be used for the promotion of the school. YES NO

I will allow our phone number and address to be listed in the 2015 -2016 School Directory. YES NO

MEDICAL INFORMATION

Allergies: _____ Tylenol: yes / no / call ^{Call} Advil: yes / no / call ^{Yes}

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

In the event of an emergency, and you are unable to contact me, you have my permission to seek medical care as deemed necessary.

Also, I hereby give permission for my child to participate in field trips off campus under supervision of the school staff.

Parent's Printed Name _____ Parent's Signature _____

Date _____

Documents Received: Date _____ Time _____ Office Use Only:

Student Profile Medical Record Card Registration Payment Cash/Check # _____ Date _____ Initials _____

ACH Debit Authorization Application Status Extended Care Accepted ___ Waiting List ___ Declined ___ Initials _____

Immunizations Student Pick -Up Authorization Ren Web Comments

PARENT COMMITMENT FORM

Kindergarten-8th 2015-2016

In order to fulfill this mission in the lives of our child:

1. I/we commit to pray for the school, students, faculty, administration, volunteers, and school ministry team.
2. I/we agree to cooperate with the administration and faculty in support of the school programs, policies, and procedures.
3. I/we recognize that private education is in need of parental support. I/we agree to support the school by attending events and activities, and participation in fundraising efforts.
4. I/we invest authority in the school to discipline our child when necessary, and that we will be notified of any disciplinary action. I/we further agree that we will cooperate and discipline our child in the home as needed.
5. I/we pledge our fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.
6. I/we agree that if conflict arises between our child/family and others in the GLCS family-students, parents, faculty, staff, and administration-we will, in the love of Christ and with prayer, register necessary complaints with the teachers or administration in compliance with the school grievance policy.
7. I/we understand that it will be our responsibility to reimburse for any damages caused by our child to GLCS property (including breakage of windows and abusing the personal property of others.)
8. I/we give the school permission to use images of my child on the school web site.
9. I/we give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In the event of an emergency, and you are unable to contact me, you have my permission to seek medical care as deemed necessary.
10. I/we commit and agree to have my child comply with the dress code and to cooperate with the school to ensure my child's daily attire meets the dress standard.
11. I/we understand that all tuition from previous school years must be paid current before our child may register for this school year.
12. I/we agree to support GLS with timely payment of tuition as set forth by the tuition schedule.

The signing of this agreement constitutes a contract stating that I/we will abide by the rules and regulations of the school as established by the school ministry team, the administration, the faculty and the student body of Gethsemane Lutheran School.

I/we, the parents of _____, do hereby pledge my support of this agreement.

Student Name (s)

Father/ Guardian _____
Printed Name Signature Date

Mother/ Guardian _____
Printed Name Signature Date

FINANCIAL COMMITMENT FORM

Kindergarten-8th 2015-2016

1. I/we understand that statements will be sent electronically and it is our responsibility to check email for account balances. A current email address must be on file with the school.
2. I/we agree to pay tuition according to the following method (please check one):
 - o *Annual:* Our family will pre-pay entire tuition on or before July 1st (check or cash only).
 - o *Monthly:* Our family will pay tuition on a monthly basis for 10 months due on or before the 1st of each month starting Aug. 1st and ending May 1st. All payments assessed.
3. I/we agree to pay any extended care, lunch, athletic fees and other incidental charges that may be incurred. Late fees may apply.
4. I/we understand that a **\$30 per month late fee** will be charged if payment is not received **by the 20th of the month**.
5. I/we understand there will be a \$30 minimum charge for any check or Auto pay returned to the school by the bank.
6. I/we understand that grade and transcripts will not be processed for students with delinquent accounts. Reports cards will be mailed after June 1st if all accounts are paid in full.
7. I/we understand that middle school students must have delinquent tuition or other outstanding fees paid in full by May 2, 2016. Any payments received after May 2nd must be in the form of cash, a cashier's check, or money order. An unpaid account will result in my/our student not being able to participate in year-end activities, attend 8th grade class trip or participate in graduation ceremonies.
8. I/we understand that if my/our account is 60 days (or 2 payments) delinquent it may result in the withdrawal of the student from GLS until the account is current.

The signing of this agreement constitutes a contract to abide by the rules and regulations of the school as established by the school ministry team, the administration, the faculty and the student body of Gethsemane Lutheran School.

I/we, the parents of _____, do hereby pledge our support of this agreement.

Student Name (s)

Father/ Guardian _____
Printed Name Signature Date

Mother/ Guardian _____
Printed Name Signature Date

AUTHORIZATION FORM

Gethsemane Lutheran Church & School

C9893876

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
---------------------	------------------	------

Effective date of authorization: _____

Type of Authorization Form:

<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
<input type="checkbox"/> Change donation amount	<input type="checkbox"/> Discontinue electronic donation
<input type="checkbox"/> Change donation date	

Last Name	First Name
-----------	------------

Address

City	State	Zip
------	-------	-----

Date of first payment: _____ / _____ / _____ Date of last payment (optional): _____ / _____ / _____	FREQUENCY OF DONATION: (check only one) <input type="checkbox"/> Weekly - Mondays <input type="checkbox"/> Semi-Monthly on the _____ & _____ <input type="checkbox"/> Monthly on the _____	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Tuition \$ _____ <input type="checkbox"/> Band Fees \$ _____ <input type="checkbox"/> Day Care \$ _____ <input type="checkbox"/> Other _____ \$ _____ General Operatin Total
--	--	--

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
---------------------------	---	--

I authorize Gethsemane Lutheran Church & School and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

CREDIT CARD *	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Credit Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____
	I authorize Gethsemane Lutheran Church & School and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____

Please attach voided check over credit card section above if using checking account.

*Credit Cards subject to 3% Processing Fee



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing**

Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company: _____

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------

ENTENDED CARE PERMISSION FORM
Kindergarten – 8th 2015-2016

Every student who is enrolled at GLS is automatically enrolled in the extended care program, whether the student ever attends the program or not. This policy enables GLS staff to check your child(ren) in and out of the morning care program into the regular school day and into the extended care program after school.

During morning care from 7 am – 8:00 am, students should be checked into this program by a parent or guardian. However, students arriving on campus unaccompanied by a parent or guardian will be checked into extended care by GLS staff. If you wish your child not to be checked into morning care, you must remain with him/her at all times prior to 8:00am. The same is true after school. Students not picked up at dismissal will be accompanied by GLS faculty or staff to the afternoon extended care program and signed in. Charges will apply for both morning and afternoon extended care services.

In order to meet state requirements, GLS requires a signed permission slip from each GLS parent or guardian, authorizing GLS staff or faculty to sign your child into and out of morning care and into the extended care program in the afternoon.

Please return this signed form with your enrollment/re-enrollment forms.

I, _____, parent or guardian of _____ give permission to the Gethsemane Lutheran School faculty and staff to sign my child(ren) in and out of morning care and into extended care following school dismissal. I have read the policy written above and understand its content.