

## PRINCE OF PEACE LUTHERAN SCHOOL ENROLLMENT FORM 2022-2023

For office use:

Date received:

Please type or print this form with black ink.

CHILD MUST BE 3 YEARS OF AGE BY OCTOBER 1<sup>ST</sup> TO BE ELIGIBLE FOR PRESCHOOL; 4 YEARS OF AGE FOR PREKINDERGARTEN; ALL STUDENTS MUST BE FULLY POTTY-TRAINED (NO PULL-UPS)

STUDENT'S FULL LEGAL NAME (Please include any nicknames)	M/F	CLASS ENTERING (PSA, PSP, PKA, or PKP)	BIRTH DATE	
*Preschool AM = <b>PSA</b> *Preschool PM = <b>I</b> *Prekindergarten AM = <b>PKA</b> *Prekindergarten FClass sizes are limited; priority is given to those who ADDRESS:	PM = PKP			
	IN	ZIP		
PRIMARY PHONE #:		er/Stepfather Father	Father/Stepmother	
GUARDIAN IF OTHER THAN PARENT(S):				
If you wish the <b>non-custodial parent</b> to receive sch	nool mailings, ple	ease provide their name, maili	ng address & phone:	
FATHER	FATHER		MOTHER	
Name:				
Cell phone:				
e-mail:				
Occupation:				
Employed at:				
Business phone:				
Religion:				
Church Home:				
lame and birth date of other children living in home:		School(s) previously at	School(s) previously attended:	
If you have daytime childcare, please provide the ca	regiver's name a	and telephone number.		
EMERGENCY CONTACTS OTH	ER THAN PAR	RENT(S) – YOU MUST LIST	AT LEAST ONE	
Name	Relationship		none	
1.				
2.				
3.				
NEW STUDENTS are required to	provide immu		an August 20, 2022.	
		oopschoollcms@hotmail.com. provide immunization updates	as necessary.	

e-mail: popschoollcms@hotmail.com

Revised: 3/4/22



## PRINCE OF PEACE LUTHERAN SCHOOL TUITION SCHEDULE 2022-2023

Payment Received	
Date:	
\$	
CK#	
T-Shirt given	_

	Yearly	Quarterly	9-Month	Registration Fee*
Preschool	\$953.00	\$242.00	\$112.00	\$50.00
Prekindergarten	\$1,205.00	\$306.00	\$140.00	\$50.00

CHILD MUST BE 3 YEARS OF AGE BY OCTOBER 1<sup>ST</sup> TO BE ELIGIBLE FOR PRESCHOOL;
4 YEARS OF AGE FOR PREKINDERGARTEN; ALL STUDENTS MUST BE FULLY POTTY-TRAINED (NO PULL-UPS)

\*The registration fee is payable upon enrollment (cash or check) and will guarantee your child's enrollment in the designated class. The registration fee is non-refundable.

**SCRIP Program:** See the school office for information on how to participate in the Scrip program to reduce the cost of your child's tuition. **Tuition credit accrued is nonrefundable and not redeemable for cash**.

PAYMENT SCHEDULE: (Please initial next to your tuition payment schedule choice):				
Yearly:	Tuition due 8/15/22. (Payable by check or cash)			
Quarterly:	Tuition due 8/15/2022, 10/15/2022, 1/15/2023, and 3/15/2023.  Payments will be deducted electronically from your checking or savings account on these dates. You will need to complete an ACH authorization form, which will be mailed in late July along with other pertinent beginning-of-school year information. Our ACH payments are processed through Home Bank.			
9-Months:	Tuition is due on the 15 <sup>th</sup> of each month beginning 8/15/2022 and ending 4/15/2023. Payments will be deducted electronically from your checking or savings account on these dates. You will need to complete an ACH authorization form, which will be mailed in late July along with other pertinent beginning-of-school year information. Our ACH payments are processed through Home Bank.			
Tuition Paymen	ts:			
	v child's tuition according to the schedule initialed above. I understand that I will be ny insufficient fund fees that may accrue.			
PARENT'S SIGNA	TURE: DATE:			
How did you hear	about our school: Family that is enrolled here Current enrollment Newspaper Other: Other:			

Please circle your child's t-shirt size: XS S M L
\*If your child has a t-shirt and does not need an updated size, leave blank.

e-mail: popschoollcms@hotmail.com

## PRINCE OF PEACE LUTHERAN SCHOOL 2022 – 2023

## **IMMUNIZATION RECORDS**

NEW STUDENTS are required to provide immunization records no later than August 20, 2022.

Records may be faxed to 765-813-0036 or emailed to <u>popschoollcms@hotmail.com</u>. RETURNING STUDENTS are required to provide immunization updates as necessary.

All information must be completed.

PHYSICIAN	DENTIST (if applicable)			
Name	Name			
Address	Address			
Phone	Phone			
STUDENT HEALTH HISTORY – please use the back of this form for additional information.				
Check if your child has had  Asthma Bee sting (requiring medication) Chickenpox Seizures Wears glasses Wears a hearing aid Diabetes Nosebleeds Allergies (Please list):  Is your child under a physician's care (other than routine care)? Explain:				
List medication(s) your child is taking regularly:				
Brief history of serious accident, injury or other conditions the school should be aware of:				
Photo Release  I give my permission for Prince of Peace Lutheran School to display or use picture(s) of my child or children, listed above, in school multi-media articles or advertising, including the Prince of Peace website and Facebook.				
Parent's Signature:	_ Date:			