**Holy Ghost Lutheran School**

**Registration Form**

**2015 - 2016**

Parents/Guardians\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church you are a Member of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name Registering Grade Birth date Place of Birth Baptized (Y or N)

**(Indicate last name if (going into) (City & State) (if yes, Church name & date/year)**

**different from parents)**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Agreement**

I (we) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include, but are not limited to: 1) attempt to contact parents or other authorized contact persons, 2) attempt to contact child’s physician.

If the school is unable to contact you or your physician, the school may do any of the following: 1) call 911, 2) call an ambulance, 3) call another physician.

All expenses are the responsibility of the child’s family. Your child’s insurance information must be kept up to date. It is your responsibility to keep this information current.

**Photo Agreement**

I grant permission for my child to be included in any photos the school may use for the school newsletters, yearbooks, web sites, promotions, etc.

**School Directory Agreement**

I grant permission for my child’s name, address and phone number to be included in a parent directory that will be given to all class members.

**Service Hours:**

All school families are required to perform 30 service hours. There is a $15.00 per hour charge for service hours not completed during the school year.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Parent/Guardian Signature & Date |  |  | Parent/Guardian Signature & Date |

**Members of Holy Ghost Lutheran Church**

The goal of the Church/School is that its members and their family attend church 100%. Members who maintain a church attendance of 50% or better on a quarterly basis will receive a member tuition rate while attending Holy Ghost Lutheran School. If attendance falls below 50% for the quarter, non-members rates may be assessed for the next quarter. Lack of attendance will prompt a follow up by the Board of Evangelism and/or Board of Lay Ministry. Any extenuating circumstances should be brought to the attention of the Principal for review by the School Board.

**Members of Holy Ghost Lutheran Church**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Annual Tuition\* | First Year Tuition w/ 40% discount | 12 month payment plan w/discount |
| 1 child (K-8) | $2,750 | $1,650 | $137.50 |
| 2 child | $4,100 | $2,460 | $205.00 |
| 3 child | $4,950 | $2,970 | $247.50 |

**Non-members of Holy Ghost Lutheran Church**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Annual Tuition\* | First Year Tuition w/ 40% discount | 12 month payment plan w/discount |
| 1 child (K-8) | $3,750 | $2,250 | $187.50 |
| 2 child | $5,650 | $3,390 | $282.50 |
| 3 child | $7,550 | $4,530 | $377.50 |

\*Students in Grades 3-8 must have an iPad 2 or higher for daily use. Special financing is available allowing families to purchase a new iPad air 2 and keep it fully insured for about $150/year ($15/month) .

**Preschool Tuition – Regardless of Church Affiliation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 2 Day AM | 2 Day All-Day | 3 Day AM | 3 Day All-Day | 5 Day AM | 5 Day All-Day |
| Monthly (Sept-May) | $90 | $175 | $110 | $220 | $200 | $395 |
| Annual Tuition | $810 | $1575 | $990 | $1980 | $1800 | $3555 |

**Tuition Deposit:**  A non-refundable tuition deposit of $25 is due with the registration form.

**Registration/Materials Fee:**  A registration/materials fee of $100 per family is due prior to the first day of school.

**Tuition Payments:** Tuition is due by the 15th of the month, unless you are using the Simply Giving Program.

**Financial Assistance:**  Information on applying for financial aid can be found at http://www.holyghostmonroe.org/financial-aid. To ensure unfettered consideration, please submit your application by May 15th.

I understand that if I am unable to meet this financial obligation on time, a written notice must be given to the Principal or Board of Christian Day School prior to the due date. A late fee of $25.00 will be added to the payment if tuition is not received by the end of that month. If payment is not received by the 15th of the next consecutive month, the student(s) will not be allowed to return to class, unless prior arrangements are made with the approval of the Board of Christian Day School. **All tuition fees must be paid up to date before a student may re-enroll, or school records/transcripts are forwarded to another school (including eighth-grade students).**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature & Date |  |  | Parent/Guardian Signature & Date |

Office Use Only

Date Registered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Returning Student \_\_\_\_\_ New Student \_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_ or Check # \_\_\_\_\_\_\_\_\_\_\_\_