

2019-2020

FOR OFFICE USE ONLY

Returning \_\_\_\_ New \_\_\_\_ M C

Program: 🞏 Preschool 🞏 Pre-K

M T W T F

🞏PSAM 🞏PSPM

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9601 East Brown Road | Mesa, Arizona 85207 | School Office: 480-986-9436 | Fax: 480-984-7839

CDC# 10000 Visit our Website [www.hosanna-lcms.com](http://www.hosanna-lcms.com)

 Hosanna Little Palms Email: Admin@littlepalmsschool.com

**2019-2020 ADMISSION AGREEMENT/REGISTRATION**

Age Requirements: 2 ½ years as of 8/6/2019 and toilet independently to enroll in our Preschool/Pre-K Program

STUDENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City, State) (Zip Code)

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom name (nickname) for your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language spoken in the home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(REQUIRED: Copy of birth certificate)***

M\_\_\_ F\_\_\_ Age on 8-6-2019 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##

With whom does the child live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If stepparent, please give name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_\_\_

 Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ext. \_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Membership of Parents \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attend worship services regularly? Y\_\_ N\_\_

Child Baptized? Y\_\_\_ N \_\_\_ Date of Baptism: Month \_\_\_ Year\_\_\_\_\_\_ Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you learn about Little Palms School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| BROTHERS/SISTERS | DATE OF BIRTH |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* **Please Place an “X” For Desired Program and Payment Plan.**
* **Circle the days for the desired PS or PK Program**

#### PROGRAMS Preschool and Pre Kindergarten - August 6, 2019 – May 14, 2020

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Annual Tuition | Monthly Tuition |
|  | Program **PSAM** | 2-Day choose 2 days | M T W T F | 8:30 – 11:45 a.m. | $ 1,500.00 | $ 150.00 |
|  | Program **PSAM** | 3-Day choose 3 days | M T W T F | 8:30 – 11:45 a.m. | $ 2,100.00 |  $ 210.00 |
|  | Program **PSAM** | 4-Day choose 4 days | M T W T F | 8:30 – 11:45 a.m. | $ 2,500.00 |  $ 250.00 |
|  | Program **PSAM** | 5-Day | Monday - Friday | 8:30 – 11:45 a.m. | $ 3,050.00 | $ 305.00 |
|  |  |  |  |  |  |  |
|  | Program **PK** | 2-Day choose 2 days | M T W T F | 8:30 – 11:45 a.m. | $ 1,500.00 | $ 150.00 |
|  | Program **PK** | 3-Day choose 3 days | M T W T F | 8:30 – 11:45 a.m. | $ 2,100.00 |  $ 210.00 |
|  | Program **PK** | 4-Day choose 4 days | M T W T F | 8:30 – 11:45 a.m. | $ 2,500.00 |  $ 250.00 |
|  | Program **PK** | 5-Day | Monday - Friday | 8:30 – 11:45 a.m. | $ 3,050.00 | $ 305.00 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  | Program **ESAM** | Extended School Program A.M. | 7:30 – 8:30 a.m. | AM & PM - $ 4.00 per hour |
|  | Program **ESPM** | Extended School Program P.M. | 11:45 a.m. – 4:00 p.m. | (Billed on the ¼ hour) |

* 5% discount for early enrollment – completed enrollment & fees received by May 1, 2019
* 5% discount on second child tuition (lesser amount).
* 5% discount will be given if full payment of the annual tuition is made at registration.
* 10% discount on tuition for HOSANNA Lutheran Church members
* 25% discount to children of Military
* 50% discount to children of clergy (second child discount does not apply)
* **Only one discount will be applied. The largest discount will be applied with the exception of multiple children.**

#### PAYMENT PLAN

\_\_\_\_\_ Early Enrollment Discount: *5% off annual tuition when registered* (*with registration fee and/or coupon & first month tuition*) by **May 1, 2019**

\_\_\_\_\_ Full Payment Discount: *5% discount when tuition is paid in full upon registration*

\_\_\_\_\_ 10 equal monthly payments (***first monthly tuition payment by cash/check at time of enrollment***) and continuing monthly from September 2019 – May 2020; tuition payments are made electronically via The Simply Giving Program.

To help us further understand your child’s needs please explain any:

 ~ Health conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ~ Speech, hearing or vision issues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ~ Previous school or group experiences \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT DIRECTORY**

We publish a yearly directory to be distributed among our school families only. Its purpose is for the convenient sharing of information (arranging car pools, getting together for birthday parties, arranging for help at school, etc.), and it is not to be used for commercial purposes in any way.

 If you would like to be included in this directory, please indicate in what way:

 Name: Yes \_\_\_\_\_ No \_\_\_\_\_ Address: Yes \_\_\_\_\_ No \_\_\_\_\_

 Phone #: Yes \_\_\_\_\_ No \_\_\_\_\_ Email: Yes \_\_\_\_\_ No \_\_\_\_\_

*Please initial each space preceding each paragraph confirming your agreement of each statement.*

\_\_\_\_\_ I understand that children must be 2 ½ years of age by August 6, 2019 to enroll in preschool or pre-k at Little Palms School. All enrolled children need to be able to toilet independently. ***All immunization requirements must be met prior to school entrance*.**

\_\_\_\_\_ I have received or accessed through Hosanna’s website the Parent Handbook and all required forms for enrollment for the current school year for Little Palms School. I have read, understand my responsibilities, and agree to follow all policies printed therein.

\_\_\_\_\_ I agree to abide by all policies and herewith enroll my child in the program chosen on this Admission Agreement/Registration form.

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THIS SECTION FOR OUR ACCOUNTING DEPARTMENT**

Enrolled Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Returning \_\_\_\_ New \_\_\_\_

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Preschool 🞏 Pre-K

 M T W T F

Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Member Community

Billing statements are to be sent to;

 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select desired payment option:

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Tuition: Ck # \_\_\_\_\_\_\_

 Amt\_\_\_\_\_\_\_\_

Registration: Ck # \_\_\_\_\_\_\_

 Amt\_\_\_\_\_\_\_\_

Extended School: Ck#\_\_\_\_\_\_

 Amt\_\_\_\_\_\_\_

Total Amt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Early enrollment - paid by May 1, 2019 receives 5% off annual tuition

\_\_\_\_\_\_ Full payment due upon registration - qualifying for a 5% discount

\_\_\_\_\_\_ 10 equal monthly payments beginning with first month payment by cash/check at time of enrollment and continuing monthly from 9/1/19 – 5/1/20 **or**

9/15/19 – 5/15/20 via The Simply Giving Program (Simply Giving Program – automatic deduction - is utilized to keep tuition fees as low as possible)

\_\_\_\_\_\_ Registration Fee per child – Preschool or Pre-K, $75.00 Annual, Non-refundable

\_\_\_\_\_\_ Registration Fee for Extended School Program (see Parent Handbook)