



**St. John Lutheran School  
Enrollment Application  
2018-2019**

**We are pleased that you are enrolling your child in St. John Lutheran School! Enclosed are all the necessary forms for enrolling your child for the 2018-2019 school year.**

Enrollment begins in March. Registration Fees may be paid in March or April with monthly tuition payments beginning in May.

The information in this application is for our records only and will be kept in the strictest confidence.

St. John Lutheran School does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. St. John Lutheran School may deny admission or continued enrollment to individuals because of behavior, academic progress, physical or academic needs, failure to meet financial obligations as well as those whose personal or family lifestyle is not in keeping with doctrine of St. John Lutheran Church.

Please use the checklist below to make sure you have all necessary documentation needed to process your application.

**Enrollment Application Checklist**

**Required for all students:**

- \_\_\_\_\_ Completed Enrollment Application
- \_\_\_\_\_ Certified Birth Certificate (copies are acceptable)
- \_\_\_\_\_ Family Involvement Form
- \_\_\_\_\_ Handbook Agreement
- \_\_\_\_\_ Registration Fee

**May be required, depending on grade level or circumstances:**

- \_\_\_\_\_ Health Examination Form and Immunization Record (Kindergarten, 6<sup>th</sup> Grade, and New Students transferring from out-of-state). Please submit by first day of school.
- \_\_\_\_\_ Dental Examination Form (Kindergarten, 2<sup>nd</sup>, and 6<sup>th</sup> Grades)
- \_\_\_\_\_ Eye Examination Report (Kindergarten)
- \_\_\_\_\_ Release of Records (Transfer Students only)
- \_\_\_\_\_ Athletic Intention Form (5<sup>th</sup> – 8<sup>th</sup> Grades)
- \_\_\_\_\_ Band Commitment Form (4<sup>th</sup> – 8<sup>th</sup> Grades)

**Required for students with Food Allergies:**

- \_\_\_\_\_ Food Allergy Action Plan



## Tuition Information 2018-2019

### Registration Fee

**\$125 – Little Lamb Preschool**

**\$300 – St. John Lutheran School**

The Registration Fee is due at the time of registration, and it is non-refundable unless the child is not able to be admitted to the school. **Enrollment forms and requests for financial aid will not be processed until the Registration Fee is paid.**

<b>Little Lamb Preschool Tuition Schedule</b>						
Class	St. John Lutheran Church Member		LCMS Church Member		Community Member	
	Total	10 Monthly Payments (May-February)	Total	10 Monthly Payments (May-February)	Total	10 Monthly Payments (May-February)
LL-2 Day AM/PM	\$1,200	\$120	\$1,400	\$140	\$1,600	\$160
LL-3 Day AM/PM	\$1,650	\$165	\$1,950	\$195	\$2,250	\$225
LL-5 Day AM/PM	\$2,600	\$260	\$3,050	\$305	\$3,400	\$340
LL-2 Day Full Day	\$3,000	\$300	\$3,300	\$330	\$3,650	\$365
LL-3 Day Full Day	\$4,300	\$430	\$4,750	\$475	\$5,200	\$520
LL-5 Day Full Day	\$6,650	\$665	\$7,300	\$730	\$8,000	\$800

Little Lamb 2 Day Class is Tuesdays and Thursdays.

Little Lamb 3 Day class is Mondays, Wednesdays, and Fridays

<b>St. John Tuition Schedule - Kindergarten-8th grade</b>						
	St. John Lutheran Church Member		LCMS Church Member		Community Member	
	Total	10 Monthly Payments (May-February)	Total	10 Monthly Payments (May-February)	Total	10 Monthly Payments (May-February)
1st Child	\$4,200	\$420	\$4,900	\$490	\$5,600	\$560
2nd Child	\$3,250	\$325	\$4,900	\$490	\$5,600	\$560
3rd+ Child	\$0	\$0	\$0	\$0	\$0	\$0

Tuition includes several school fees: classroom materials (extra supplies for special projects for History, Art, Science, Music, etc...), special events during the school year, milk, PE shirts, student planners, Lutheran Study Bibles and Small Catechisms, classroom snacks and more.

- Please note:**
- \*All monthly tuition payments are due on or before the 15<sup>th</sup> of each month.
  - \*A late fee of \$25 will be assessed if tuition payment is not received by the first day of the following month.
  - \*All tuition payments and late fees for the school year are due by February 28, 2018.

### Tuition Payment Plan Options

- Option A:** Registration Fee paid at time of registration. Ten monthly payments are due May 15 – February 15.
- Option B:** Registration Fee paid at time of registration. Tuition paid in full by May 31, 2018.
- Option C:** St. John Lutheran Church Members may have tuition waived if their family tithes 10% of their adjusted gross income to St. John Lutheran Church. Details are available in the school office.
- Option D:** Registration Fee paid at time of registration and an application for Student Aid requested (K-8 only). Monthly payments will be figured after the amount of financial assistance is determined.  
**Applications are online and must be submitted no later than March 31, 2018.**  
 Click on the FACTS link on the school website, [www.stjohnls.com](http://www.stjohnls.com).



# St. John Enrollment Application 2018-2019

## Student Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

Gender: Male / Female

Date Of Birth: \_\_\_\_\_

Siblings: \_\_\_\_\_ Age: \_\_\_\_\_ Attend St. John in 2018-2019? Yes / No

\_\_\_\_\_ Age: \_\_\_\_\_ Attend St. John in 2018-2019? Yes / No

\_\_\_\_\_ Age: \_\_\_\_\_ Attend St. John in 2018-2019? Yes / No

\_\_\_\_\_ Age: \_\_\_\_\_ Attend St. John in 2018-2019? Yes / No

Enrollment Grade Circle: K 1 2 3 4 5 6 7 8

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## Parent/Guardian Information

### First Household

Parents Name: \_\_\_\_\_ Home Phone or N/A: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Husband's Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

#### Wife's Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

### Second Household (if applicable)

Name: \_\_\_\_\_ Home Phone or N/A: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Husband's Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

#### Wife's Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Title: \_\_\_\_\_

## Emergency Contact Information

Other than parents – one name per space)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

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## Medical Information

Has Insurance:    Yes / No    Policy Number: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_    Name of Child's Dentist: \_\_\_\_\_

Address: \_\_\_\_\_    Address: \_\_\_\_\_

Phone: \_\_\_\_\_    Phone: \_\_\_\_\_

Preferred Hospital in case of emergency: \_\_\_\_\_

My child is currently taking the following medication(s) for the following condition(s): \_\_\_\_\_

Allergies (medicine or other) \_\_\_\_\_

Food Allergies \_\_\_\_\_

Additional information that would be necessary in treating my child \_\_\_\_\_

Learning Disability: Circle: Yes / No            I.E.P.: Circle: Yes / No            504 Plan: Circle: Yes / No

Additional information: \_\_\_\_\_

I am the parent/legal guardian with legal custody of \_\_\_\_\_ who is enrolling in St. John Lutheran School, I give my permission for a licensed doctor, physician, or emergency treatment center selected by the school representative/coach to administer the necessary attention and aid immediately to my/our child should he/she become injured or sick during any school event, athletic or scholastic, throughout the school year, and to do so without having to wait until I/we am/are contacted. I/We consent to any x-rays, examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care deemed necessary.

I understand the school's representative/coach will try to reach us. However, I will not hold any of the school personnel responsible if efforts to contact me/us are unsuccessful. I understand that the school does not assume responsibility for payment of a physician in any case. I also agree to be responsible to update any medical information that may be needed throughout the year.

If parents/legal guardians cannot be reached, I/we authorize first aid treatment or emergency medical care (including ambulance service if needed) in the event of serious illness or injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Information**

Church Home: Circle: Yes / No If Yes, \_\_\_\_\_

Baptized: Circle: Yes / No If Yes, \_\_\_\_\_  
MM/DD/YYYY

Media Photo Consent: Circle: Yes / No for Photography (Print Media)

Media Audio/Video Consent: Circle: Yes / No for Audio/Video Taping (Radio, Podcasting, etc.)

Media Website Consent: Circle: Yes / No for Image/Video on St. John Website & Affiliated Outlets  
(Last names will not be included on website.)

Race: Circle one or more:  
Asian American Indian/Alaska Native  
White Native Hawaiian/Other Pacific Islander  
Black/African American

Ethnicity of Student: Circle: No, not Hispanic/Latino Yes, Hispanic/Latino

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**Tuition Payment Plan Agreement**

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Tuition includes several school fees: classroom materials (extra supplies for special projects for History, Art, Science, Music, etc...), special events during the school year, milk, PE shirts, student planners, Lutheran Study Bibles and Small Catechisms, classroom snacks and more.

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\*A late fee of \$25 will be assessed if tuition payment is not received by the first day of the following month.  
\*All tuition payments and late fees for the school year are due by February 28, 2019.

We take the responsibility for making all monthly tuition payments on or before the 15<sup>th</sup> of each month. We agree to fulfill the responsibility to pay all fees assessed for the current term by February 28, 2019 as stated in the payment option plan that we have selected. We understand that the registration fee paid at the time of registration is non-refundable unless our child is not able to be admitted to the school. We also understand that failure to comply with payments could result in the removal of our child from St. John Lutheran School.

We agree to pay for any school property damage or loss incurred by our child enrolled in Preschool through 8<sup>th</sup> Grade.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **St. John Lutheran School and Little Lamb Preschool Food Allergy Agreement**

St. John Kindergarten class, Little Lamb Preschool classes and After School Care Program provide a daily snack for students.

Parents of children with food allergies are required to:

1. Include any food allergies on the enrollment form.
2. Notify your child's teacher before the start of school of any allergies.
3. Submit the Illinois Food Allergy Emergency Action Plan and Treatment Authorization form, including physician's authorization and signature.
4. Provide a medication pack (we recommend a 3-ring binder pencil case) with the appropriate medication for your child and instructions for the use of the medication. This medication pack may include an antihistamine in individual doses and two EpiPens as directed by a physician.

In turn, St. John and Little Lamb Preschool staff will:

1. Provide a safe snack approved for all students in their care when serving a daily snack.
2. Post a list of students with food allergies as well as provide a location for storing Allergy Emergency Action Plans with medication packs at school.
3. Inform the parents of students of the fact that there is a student in class with a food allergy.
4. Check with parents of children with food allergies regarding any projects or activities that may require food items to ensure that the activity is safe for all students.

I have read and agree with the above statements.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Family Involvement Hours 2018-2019

At St. John, we strive to create a Christ-centered atmosphere where teachers, students, and staff can do their best. Time is a priceless gift that all St. John Lutheran School families can give to help fulfill this goal.

Please indicate in the following tables where your family can best contribute to St. John and fulfill your family's required 20 hour contribution (8 hours for Little Lamb families). Please record your hours in the binder in the school office. All hours need to be completed by the last day of school

Please indicate which volunteer jobs you are interested in donating your time, by marking an "F" for father or "M" for mother. Volunteers may be contacted as events are organized; however, it is ultimately your responsibility to find activities so this requirement can be fulfilled. Opportunities for Family Involvement hours will be posted in our monthly newsletter.

Family Name: \_\_\_\_\_

\_\_\_\_\_  
Child's Name Grade

\_\_\_\_\_  
Child's Name Grade

\_\_\_\_\_  
Child's Name Grade

\_\_\_\_\_  
Child's Name Grade

\_\_\_\_\_  
Father's Name

Availability: Daytime      Evening      Anytime

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone/Cell Phone

\_\_\_\_\_  
Mother's Name

Availability: Daytime      Evening      Anytime

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Phone/Cell Phone

Helping at School during school day		Estimated Hours
	Classroom helper (copying, hanging artwork, helping students, etc.)	1 - 3
	Lunch server (11:30-12:15)	1.5
	Lunch server on Grandparents' Day	2
	Classroom presentations	1 - 3
	National Lutheran Schools Week special events assistance	1 - 3
	Spring Field Day assistance (measure distances, record times, etc.)	3

Helping from Home		Estimated Hours
	Provide snacks, baked goods, or other food items for various events	1
	Purchase snacks for Little Lamb, K-1 <sup>st</sup> grade and After Care program	1
	Take home projects (cutting, sorting, folding etc.)	1 - 3
	Sanitize manipulatives for preschool & K/1 in your dishwasher	1

## Family Involvement Form 2018-2019

<b>Helping at School after school hours</b>		<b>Estimated Hours</b>
	Performance events assistance throughout the year (Middle School play, Christmas Service, 2 <sup>nd</sup> -5 <sup>th</sup> grade musical, Spring Concert, etc.)	hours may vary
	Play piano for school events: Graduation, Children's Christmas Service, Chapel	hours may vary
	Yearbook Committee – parent helper	hours may vary
	Vacation Bible School (Circle): Planning Team / Teacher / Helper	10 or more
	Marketing Committee	hours may vary
	Landscaping, trimming trees, etc....	hours may vary
	Spreading mulch	hours may vary
	Washing windows	hours may vary
	Other gifts, training, or abilities (please specify): _____	hours may vary

<b>Athletics</b>		<b>Estimated Hours</b>
	Cross Country Coach (August - November)	fulfills requirement
	Girls Basketball Coach (August - November)	fulfills requirement
	Volleyball Coach (December – March )	fulfills requirement
	Boys Basketball Coach (November – February)	fulfills requirement
	Track Coach (March - May)	fulfills requirement
	U of I Armory Track Meet assistance	hours may vary
	Concessions for St. John Home games	hours may vary

<b>Parent Teacher Fellowship (PTF)</b>		<b>Estimated Hours</b>
	Serve on PTF Board: Vice President (serves as president the next year), Secretary, Treasurer, Volunteer Coordinator, Content Coordinator	fulfills requirement
	Attend PTF meeting (4th Wednesday of month at 5:30)	1.5
	Provide Staff Birthday Treats (circle one): September, October, November, December, January, February, March, April, May	1.5
	Fun Fair volunteer	2
	Teacher Appreciation Week	fulfills requirement
	Talent Show	hours may vary
	Running of the Rams (pre-race planning committee, race day volunteer, etc...)	hours may vary
	Fundraiser: Box Tops	fulfills requirement
	Fundraiser: Store Rebates	hours may vary
	Room representative for my child's class: _____	fulfills requirement
	Provide snacks, baked goods, or other food items for various events	1
	Manage paper goods supply for PTF Events	fulfills requirements