

**New Student
Enrollment and Registration
Forms
2021-2022**



Water of Life Lutheran School

5430 S. Grand Canyon Dr

Las Vegas, NV 89148

www.wateroflifeschool.org

email: officemanager@wateroflifeschool.org

or

director@wateroflifeschool.org

702.253.7020



New Student Enrollment Forms Checklist

Student Name: _____

DOB: _____

ALL paperwork must be submitted to the Front Office at least one week before a student's start date. A student will not be admitted to class without a complete file. However, to reserve a spot for your child(ren), please submit the Registration Fee as soon as possible.

- Registration Fee
- Enrollment (online)
- Financial Agreement & Program Selection Form (two sheets)
- Student and Family Information Form (four sheets)
- Copy of driver's licenses (for parents and emergency/pick up contacts)
- Tuition Express Application Form (credit card or bank account authorization)
- Photo Release/Information Release Form
- *Signed Parent Handbook Receipt (may be turned in the first day of school, distributed at Back to School Night)
- *Pandemic Handbook Addendum (may be turned in the first day of school, distributed at Back to School Night)
- Emergency Authorization Form
- Yearly Health Evaluation Form (must be completed by a health care professional for each year of attendance)
- Authorization to Administer Medications Form (write N/A if no medication is needed, please sign, & date)
- Copy of Immunization Record (please turn in any updated records throughout the school year)
- WebIZ Form
- Copy of Birth Certificate



Financial Agreement & Program Selection Form

Child's Name: _____

Please indicate which program you are enrolling your child in:

PRESCHOOL (3 yr) ___ & PRE-K (4 yr) ___

WEEKLY TUITION RATES

	<u>NM</u>	<u>WM</u>	<u>M</u>
___ Full time 5 days (8:00am-4pm)	\$216	\$206	\$196
___ Part time 5 days (8:00am-12:00pm)	\$185	\$175	\$165
___ Full time 3 days (8:00am-4pm M, W, F)	\$169	\$159	\$149
___ Part time 3 days (8:00am-12:00pm M, W, F)	\$131	\$121	\$111
___ Full time 2 days (8:00am-4pm T, Th)	\$120	\$110	\$100
___ Part time 2 days (8:00am-12:00pm T, Th)	\$98	\$88	\$78

(Please Note, 2 days is only for Preschool)

___ AM Extended Care (7:00-8:00) +\$15 wkly

___ PM Extended Care (4:00-6:00) +\$25 wkly

NM = Non-member tuition WM = WELS member tuition M = Water of Life or KFLC member tuition

Please refer to the "4 Key Concepts" information in this packet for a way to reduce the tuition.

Registration Fee

___ \$200
New Student next school year _____
Please indicate school year

___ \$175
Returning Student next school year _____
Please indicate school year

___ \$150
New Student, Jan-May current school year _____
Please indicate school year

Applicable Tuition Discounts

- ___ (M) Water of Life/KFLC member – \$20/wkly
- ___ (WM) WELS member - \$10/wkly
- ___ Sibling Discount - \$10/wkly
- ___ (CNM) Certified non-member
Requires completion of the "4 Key Concepts" Class

Kindergarten Book Fee: ___ \$100

Billing Options

Please choose from the following billing options. Payments processed through Tuition Express, our auto-debit service.

___ Once-a-week tuition payment on the previous Friday for the coming week of school

___ Once-a-month tuition payment on the 1st of every month

If you are interested in paying the year's tuition in full for a 10% discount, please speak with the front office staff for one of these limited offers (while they are available). This tuition would have to be paid in full by the end of this current school year.

Terms and Conditions

A non-refundable registration fee is due at the time of registration and enrollment.

Tuition payments will be billed and processed via Tuition Express.

A **3% one-time fee of the full tuition** is applied to MasterCard and Visa payments. This is **charged August 1st**.

Tuition covers **only** the **academic school year**. The calendar that you will receive with your Parent Handbook on Back to School Night lays out our holiday schedule. You are not charged tuition for one week at **Thanksgiving, Easter Break**, and two weeks for **Christmas Break**. There are **37 weeks** of school that require tuition payments.

However, if you pay in **monthly** installments, the yearly tuition will be divided into **10 equal monthly payments** and you will **pay the same amount each month**, regardless of how many days we are in school.

A **\$25 insufficient funds fee** will be charged if payment is denied or you are late with a payment.

Non-payment of tuition will result in termination of student privileges at the school.

In the case of a no-notice withdrawal from school, the tuition for that month is non-refundable.

The school requires at least **two weeks notice of intent to withdraw** a student.

Parent/Guardian Signature

Date



About our "4 Key Concepts" Class

At Water of Life Lutheran School, teaching our students that they are a treasure to God is the foundation of everything we teach and do.

We believe that helping your child grow spiritually is of utmost importance, and we would greatly appreciate an opportunity to share the specifics of what we are teaching our students with you. The **"4 Key Concepts" Class** is a short-term class, **four weeks** for **45 minutes** each week, that is especially designed to share with parents what we teach in our school. The dates and times are very flexible, and the class is built around your schedule. The class is taught by Pastor Burgess.

After completing the class parents are granted **Certified Non-Member** status, and as a thank you for taking the class, we **credit** your account **\$200**.

Taking the class does not obligate you in any way to join Water of Life Lutheran Church. The class is a free service that we provide to our families.

If you are interested in taking the class, please fill out the following form and return it to the front desk with the rest of your forms.

“4 Key Concepts” Class Registration

Please complete the following

Child's name: _____

Child's DOB: _____

Parent(s) name(s): _____

Preferred contact method:

Parent(s) e-mail or phone: _____

Please indicate which days and times are convenient for you:

Tu at 7:00 pm

Sa at 9:00 am

Sun at 9:15 am

If these times are not convenient for you, please indicate a good time to meet with Pastor.

Please read and then sign below:

Exact days and times for the classes will be arranged with Pastor.

The classes are free of charge.

All four classes must be completed before the tuition credit can be applied.

The class may be attended by either parent/guardian or both parents/guardians to receive the credit.

Parent/Guardian Signature

Date

This section to be completed by Pastor

Class Start Date _____

Class End Date _____

Pastor Signature

Date



Student and Family Information Form

Child's Name: _____

Child's DOB: _____ Date of Baptism _____ N/A _____

Home Address: _____

Home Phone: _____

Church Membership: _____ N/A _____

Parent/Guardian Information

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Church Membership: _____ N/A _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Church Membership: _____ N/A _____

Additional Emergency Contacts

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to child: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to child: _____

Additional Family Information

Please list other children in your family:

Name	Age	Living with your child? Y/N

Please list any additional persons living with your child, and their relationship to your child:

Please list persons who are authorized to pick up your child, and their relationship to your child:

Please list persons who are NOT authorized to pick up your child: (please provide documentation)

General Information

With whom does your child primarily live? (Please list)

Please list any preschools, daycare, or family home care centers your child has attended:

Name

Dates

Does your family speak a primary language other than English? If so, what language?

Has your child had the opportunity to play or associate with other children? ____ (Y/N)

What ages? _____

Please circle any characteristics that describe your child:

easily angered

shy/quiet

argumentative

sociable

patient

independent

emotional

cooperative

respectful/listens well

reserved

cautious

controlling/bossy

talkative

adventurous

friendly

easily distracted

inquisitive

active/energetic

focused

creative

What are your expectations for your child at our school?



Photo Release/ Information Release Form

Child's Name: _____

Child's DOB: _____

Photo Release

I understand that photographs of children participating in school programs may be taken occasionally and may appear in newspapers, magazines, brochures, or other publicity materials as well as the school's Facebook page.

Please initial

I do _____ / **I do not** _____ give permission for Water of Life Lutheran School to use photos or videos which may include my child in newspapers, magazines, brochures, or other publicity materials; or for viewing by members/families of Water of Life Lutheran Church and/or School.

Information Release

I understand that there may be circumstances when the Director of the school may be asked to release certain information regarding my child to official representatives of the Nevada State Child Care Licensing authorities, the Health Department, or other government officials.

Please initial

I do _____ / **I do not** _____ give permission for the Director or authorized staff of Water of Life Lutheran School to grant access to my child's information by appropriate state or county government officials during inspections, provided they are acting in accordance with their official duties.

Notification of NRS.178

I am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment.

Kindergarten Parent Notification of Exempt Status

This school "is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act."

Parent/Guardian Signature

Date



Emergency Authorization Form

Child's Name: _____

Health Care Provider's Name: _____

Address: _____

Phone: _____

Special instructions if child is injured or ill:

Medical Release

I authorize Water of Life Lutheran School to seek emergency medical treatment for my child. I give permission to the emergency health care providers to secure proper emergency treatment and to order injections, anesthesia, or other emergency treatment if I/we cannot be contacted. It is understood that a conscientious effort will be made to locate me/us before action is taken. If it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital or the closest available facility.

Preferred hospital: _____

Parent/Guardian Signature

Date



Yearly Health Evaluation Form

Water of Life Lutheran School, 5430 South Grand Canyon Dr, Las Vegas NV 89148 (702-253-7020)
Form may be emailed to officemanager@wateroflifeschool.org

Please have a health care professional complete this form (M.D., R.N., P.A., or D.O.)

Child's Name: _____

Child's DOB: _____

Parent's name: _____

Address: _____

Status of the above child's health:

Any known conditions under treatment:

Is the child capable of adjusting to the programs of the school's facility? ____ (Y/N)

If no, please explain:

Health Care Provider's name: _____

Address: _____

Phone: _____

Health Care Provider's signature

Date



Authorization to Administer Medications Form

All medication must be in original container, labeled with the child's name, health care provider's name, name of medication, directions for use and the date prescribed. All medications must be stored with the school office.

Child's Name: _____

Child's DOB: _____

Medication: _____

Time to be given: _____

Dosage: _____

Medication: _____

Time to be given: _____

Dosage: _____

Medication: _____

Time to be given: _____

Dosage: _____

Medication: _____

Time to be given: _____

Dosage: _____

Health Care Provider's Name: _____

Phone: _____

Parent/Guardian Signature

Date



School Supply List

Please bring the following items on Back to School Night or on your child's first day of school:



- Plastic shoe box to keep supplies in
- 3 boxes of Crayola 24 count (or less) crayons
- 3 boxes of 8 basic colors washable markers
- 8 Elmer's glue sticks
- Pack of 4 dry erase markers
- 1 pocket folder
- 2 boxes of Kleenex
- A package of disinfecting wipes (if you can find them)

- Complete change of clothes (including underwear and socks) in a zip-top bag

- Backpack large enough to hold 8.5x11 papers/folder

- Filled water bottle each day (labelled with child's name)

- Lunch box w/cold pack if your child is staying for lunch

- Crib sheet/small blanket if your child is staying after lunch (preschool and pre-k only)

- Package of 3x3 Post-It Notes (kindergarten only)