

**New Student  
Enrollment and Registration  
Forms  
2020-2021**



**Water of Life Lutheran School**

5430 S. Grand Canyon Dr

Las Vegas, NV 89148

[www.wateroflifeschool.org](http://www.wateroflifeschool.org)

email: [officemanager@wateroflifeschool.org](mailto:officemanager@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)
- 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)
- Copy of Immunization Record
- 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)	\$200	\$190	\$180
___ Part time 5 days (8:00am-12:00pm)	\$171	\$161	\$151
___ Full time 3 days (8:00am-4pm M, W, F)	\$156	\$146	\$136
___ Part time 3 days (8:00am-12:00pm M, W, F)	\$121	\$111	\$101
___ Full time 2 days (8:00am-4pm T, Th)	\$111	\$101	\$91
___ Part time 2 days (8:00am-12:00pm T, Th)	\$91	\$81	\$71

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

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

**KINDERGARTEN  
HALF DAY & FULL DAY**

WEEKLY TUITION RATES

	<u>NM</u>	<u>WM</u>	<u>M</u>
___ Half day	\$159	\$149	\$139
___ Full day	\$189	\$179	\$169

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 last Friday of the week 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 1<sup>st</sup>**.

Tuition covers **only the academic school year**. The calendar that you will receive in 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.

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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'd greatly appreciate an opportunity to share the specifics of what we're teaching our students with you. The **"4 Key Concepts" Class** is a short-term class, **four weeks** for **45 minutes** each week, that's 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 doesn't 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.**

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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.

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Parent/Guardian Signature

Date

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This section to be completed by Pastor

**Class Start Date** \_\_\_\_\_

**Class End Date** \_\_\_\_\_

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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 \_\_\_\_\_

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### *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 \_\_\_\_\_

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### *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: \_\_\_\_\_

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***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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**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)**

\_\_\_\_\_

\_\_\_\_\_



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**General Information**

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

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

**Name**

**Dates**

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

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**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?**

**Health Information**

**Does your child have any food allergies? (please list)**

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**Does your child have any of the following:**

- Asthma
- Diabetes
- Epilepsy/Seizures
- Seasonal Allergies

**Other serious health issues:**

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**Does your child have any need to restrict activities? \_\_\_ (Y/N)**

**If yes, please explain:** \_\_\_\_\_

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**Does your child have any special needs, problems or fears? \_\_\_ (Y/N)**  
**(Physical impairments, speech difficulties, learning disabilities, behavioral disorders, developmental delays)**

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**Is your child taking any prescription medication? \_\_\_ (Y/N)**

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**Will your child need to receive the medicine while in school? \_\_\_ (Y/N)**  
If yes, please fill out the Authorization to Administer Medications Form. If no, just put N/A, but still return this form with everything else filled out.

**What else would you like us to know about your child?**

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**Parent/Guardian Signature** **Date**



## Photo Release/ Information Release Form

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

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### 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.

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### 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.

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### 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."

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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:

\_\_\_\_\_

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### 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:** \_\_\_\_\_

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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](mailto: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:

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

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**Health Care Provider's name:** \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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**Health Care Provider's Name:** \_\_\_\_\_

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

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Parent/Guardian Signature

Date



# School Supplies List

Your child should bring the following items on Back to School Night or on the first day of school:

## **Classroom Supplies**

- Box of tissues
- Large Canister of disinfecting wipes (one canister if part time, two if full time)
- 3 - boxes of 24 count Crayola Crayons
- 2 - package of Elmer's purple glue sticks
- 1 - box of zip-top bags: sandwich size (A-L)  
or
- 1 - box of zip-top bags: gallon size (M-Z)

## **Individual Supplies**

- Complete change of clothes (including underwear and socks) in a zip-top bag
- Backpack large enough to hold 8.5"x 11" papers/folder
- Lunch box w/cold pack if your child is staying for lunch
- Crib sheet and blanket if your child is staying after lunch
- Plastic water bottle (with child's name written on it)
- 1 - pocket folder

## **Additional supplies for Kindergarten students**

- Package of 3x3 Post-It Notes