

**Zion Lutheran School
Beecher, Illinois
School Year 2017-2018**

Parent/Guardian Name _____ Phone _____

Address _____ (Street and P.O. Box)

City/State _____ Zip Code _____

Registration Fees:	3-Year Old Preschool & 4-Year Old Pre-Kdg.	\$229
	Half-Day Kindergarten	\$262
	All-Day Kindergarten – Grade 8	\$427
	Minimum Initial Registration Fee (All Students)	\$100

NOTE: This contract must be **COMPLETED, SIGNED and RETURNED** to Zion Lutheran School with a minimum \$100 deposit per student to secure each student's pre-registration spot.

Families that pre-register (and make payment) by Friday, March 10, 2017 will receive a 10% discount (of the registration fee) applied to their final registration payment in August. THE REGISTRATION FEE IS NOT REFUNDABLE.

Minimum Initial Registration Fee (All Students) \$100

Any unpaid registration balance must be paid at the time of final registration, which will be held the first week of August, 2017.

By resolution of the Board of Christian Day School of Zion Lutheran Church, Beecher, the following statements are designed to be:

CONDITIONS FOR ADMISSION

By signing my name to this document, I acknowledge that I am the parent/legal guardian of the following students for whom I request enrollment at Zion for the school year 2017-2018. All students must also submit a completed enrollment form.

Student's Name	School Grade for 2017-2018 Year
_____	<u>1, 2, 3, 4, 5, 6, 7, 8</u> (circle one)_
_____	<u>1, 2, 3, 4, 5, 6, 7, 8</u> (circle one)
_____	<u>½-Day or All-day Kdg.</u> (circle one)
_____	<u>4-yr Old PK AM or All-day</u> (circle one)
_____	<u>3-yr Old PS AM or All-day</u> (circle one)

I am enrolling my child(ren) in the following tuition payment option 10 mo. plan, 12 mo. plan (circle one)
(12 month tuition plan = June-May; 10 month tuition plan = August-May)

In appreciation of the Christian training our children will receive at Zion Lutheran School:

01. I, as a ***ZION CHURCH MEMBER***, agree to abide by the Zion Lutheran Church policy, which states that Zion families (one or both parents and children) are expected to be active worship participants at Zion, by attending worship services a **minimum of 8 times per quarter of the calendar year, with a goal of attending 32 times during the 12 months of June 1, 2017 through May 31, 2018.** Parents and children are also strongly encouraged to attend Sunday School and Adult Bible Class. **If these attendance requirements are not met, tuition will be charged at the Non-Member rate. However, please inform one of the Pastors of any extenuating circumstances that would prevent the minimum attendance requirement to be met. A written note to this effect would be preferred.**

2. I agree, as a Member of St. John Lutheran Church, Beecher, to support my church in its Christian education policies. Please check with St. John's regarding tuition.
03. I agree, as a Non-member of Zion Lutheran Church, to make tuition payments as stated in the attached fee schedule. **Discounts of 25% for the second, and each additional child, will apply. The 25% discount does not apply for 4-year old Pre-Kindergarten or 3-year old Preschool.**

Tuition grants (Kindergarten to 8th grade) are available to assist those who apply and show financial need. Details are available in the school office. (Applications must be completed and in the school office by June 1, 2017. Those awarded grants will be notified by June 30, 2017.)

According to policy adopted by the Zion Lutheran Christian Day School Board, **ALL TUITION IS DUE ON THE FIRST SCHOOL DAY OF EACH MONTH**, and paid in 10 monthly installments (August through May), or in 12 monthly payments (June through May). **A late fee of \$15.00 will be assessed for tuition payments received after the first school day of the month.** If tuition is not received by the 15th school day of the month, the student may not be allowed to attend class until payment is made.

One month of tuition credit will be given to a family who refers another family that enrolls at Zion. Credit is given for one month at the first child rate in the 10-month plan.

Registration will be discounted 10% if student is registered by March 10, 2017.

Registration for the 2017-2018 school year will only be accepted if all past registration fees have been paid and tuition payments are up to date.

04. As a condition of continued attendance at Zion, each parent and student is required to acquaint themselves with school regulations concerning attendance, dress, punctuality, conduct, school property, and other matters pertaining to the orderly functioning of the school, as printed in the School Handbook.
05. I also agree to support Zion Lutheran School with volunteer time throughout the year by assisting with P.T.L. Family Partnership Hours.
06. If my student participates in the athletic program, I further agree to abide by the Parent/Player Rules and Guidelines.

I COMMIT MYSELF TO THESE REQUIREMENTS!

Parent/Guardian Signature _____ Date _____

Zion Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions, policies, and athletic and other school-administered programs.

The Zion Lutheran Christian Day School Board reserves the right to deny admission to Zion Lutheran School if it is determined that Zion cannot serve the child's needs.

Zion Lutheran School
540 Oak Park Avenue Beecher, IL 60401
Phone (708) 946-2272

2017-2018 Enrollment Form

Child's Full Name _____ Male Female Date _____ Grade Level _____
Home Phone # _____ Email Address _____
Child's Birth Date _____ City of Birth _____
Address _____
City _____ State _____ Zip _____
Father's Name _____ Mother's Name _____
Father's Occupation _____ Mother's Occupation _____
Is Child Baptized? _____ Date _____ Church _____
Father's Church _____ Location _____
Mother's Church _____ Location _____
School Transferring from _____ Address _____

Brothers & Sisters

Name _____ Birth Date _____
Name _____ Birth Date _____
Name _____ Birth Date _____
Family Physician _____ Phone _____

Allergies: _____

Please mention any other physical, mental, or emotional condition that you feel your child's teacher should know.

Mom's Work # _____ Cell # _____
Mom's Cell Phone Provider _____ Consent for Fast Direct texts, please initial _____
Dad's Work # _____ Cell # _____
Dad's Cell Phone Provider _____ Consent for Fast Direct texts, please initial _____

In case of illness notify _____ Phone # _____

Emergency Numbers:

Name _____ Phone # _____
Name _____ Phone # _____