



2022-2023

Tuition and Fees

<u>Education Level</u>	<u>Tuition</u>	<u>Registration Fee</u>
Preschool (2 years of age)		Non-refundable
Three Half Days	\$ 2,300	\$85
Five Half Days	\$ 3,250	\$85
Three Full Days	\$ 3,800	\$85
Five Full Days	\$ 4,550	\$85

Preschool/PreKindergarten (Must Be Potty Trained)

Three Half Days	\$ 2,250	\$85	\$85
Five Half Days	\$ 3,200	\$85	\$85
Three Full Days	\$ 3,750	\$85	\$85
Five Full Days	\$ 4,500	\$85	\$85

	<u>Tuition</u>	<u>Registration Fee</u>	<u>(Registration Before 4/15/22)</u>
		Non-refundable	Non-refundable
Kindergarten-8th	\$ 4,700	\$275	\$200

\$50 FEE ON ALL RETURNED CHECKS and/or Bank Transactions

\$50 Fee will be added to your next Tuition payment

Enrollment Fees are non-refundable

"Lighting the flame of learning with God's word as the foundation and demonstrating a Christian life within our school, family, and community".





Registration Acknowledgement Form

Registration is not complete until this form is signed, and the registration fee is paid.

Financial Aid Scholarships are available for K-8th grade only upon request.

Registration Checklist:

(Please "✓" the box if the following items are attached, completed on www.fastdir.com/immanueljoplin, or already on file in the office)

Registration Form (Please "✓" if attached or registered/re-registered online)

Registration Fee (Please "✓" if attached or registered/re-registered online)

Birth Certificate (New registrations only)

Updated Immunization Records

Physical (Toddler, Preschool/Prekindergarten Students Only)

Agreement

By "✓" the boxes and signing this document, you are acknowledging or agreeing to the following:

Potty Trained (3 years old -5 year olds)

Preschoolers, three years and older, must be potty trained. (This does include those who turn three in the Toddler class.)

Publishing Photographs of Students

Photographs are taken of the students involved in different activities during the school year. These photographs could be published on brochures, web pages, internet sites, posters, etc. If you wish for your child's picture **NOT** to be published, please notify the office in writing or through FastDirect.

Field Trips

Martin Luther School students will take field trips to enrich their school experiences. The safety of students traveling is given prime consideration when planning field trips. Whenever possible, contracted bus transportation, or authorized means of public transportation, will be utilized. If you wish for your child not to participate in a field trip, please notify the office in writing. Otherwise, your child will be participating in the field trip.

By signing your name, you agree to notify the office in writing if you do not want your child's photograph or video to be published. You also agree to inform the office, in writing, if you do not want your child to participate in field trips. All families will be notified, in advance, when your child's class will be taking a field trip.

Technology/Online Collaborative Learning Policy and Procedure Handbook

As a parent or legal guardian, I grant permission for my child to access computer services, such as internet access and e-mail, at Martin Luther School. I have read the Technology/Online Collaborative Learning Policy and Procedure Handbook. It is impossible for Martin Luther School staff to monitor or restrict all controversial materials because, if found, they will most likely occur during regular research or communication. Should I become concerned about what my child is accessing on the internet, I understand that I can terminate this approval by contacting the principal of Martin Luther School.

Policy and Procedures

Martin Luther School's policy, procedures, and other helpful information is at www.fastdir.com/immanueljoplin page. On the left-hand side of the page, click on "Links."

OVER

Tuition and Fees Policy



The school board determines tuition and is subject to the approval of the Immanuel Lutheran Church voters' assembly. Tuition offsets the cost of educating a child. Tuition is automatically withdrawn from your bank account and then deposited in the "general account" of Immanuel Lutheran Church to pay staff salaries, benefits, school maintenance, utilities, office costs, and other annual budget expenses approved by the congregation.

A. Tuition and Fees Standard

Martin Luther School families will support their child's education by promptly paying tuition payments and fees.

B. Payment of Tuition (Tuition is **pro-rated** over ten months.)

1. Ten equal monthly payments are processed using our **automatic withdrawal** system.
2. Other acceptable tuition payment arrangements include paying the tuition in one installment at the beginning of the first semester or paying the tuition in two installments, one at the beginning of each semester.
3. The school administrator may approve other special tuition payment arrangements. Arrangements are always subject to School Board review.

C. Tuition Delinquency

A Tuition Committee may be formed and empowered by the School Board to resolve instances of tuition delinquency. The committee will be composed of the School Board Chairperson, two other School Board members chosen by the board, and the school administrator. This committee will prayerfully work with parents to seek compliance with tuition policy. Correspondence with families under review is processed through this committee.

1. Tuition is delinquent if not received by the monthly date **you** chose.
2. All families are required to complete a credit/debit card application to collect tuition or other fees in arrears of a month.
3. Delinquent tuition accounts will be subject to monthly review.
4. A notice is sent when payment is not received by the monthly date you chose
5. After 30 days of delinquent, your child may be excused from Martin Luther School.
6. If the current year's tuition and/or fee balances are in arrears at the time of re-enrollment, the child's name will be placed on a waiting list, pending payment of delinquent funds.
7. Enrollment for the next school year may be denied if any unpaid balance is not resolved by the June meeting of the School Board. A resolution must be made through the School Board.
8. None of the actions delineated in this policy release unresolved debt from further collection action.
9. Report cards, awards, and diplomas will be held until all fees are paid in full, or a satisfactory agreement is made with the School Board.
10. If using a credit/debit card, there is a **3%** transaction fee each time you use the card and a \$1 fee on all other transactions.
11. There will be **\$50** assessed from all "insufficient funds" transactions.
12. **If you start a semester, you must finish paying for the semester.**

By signing this form, I agree and/or acknowledge the policies and rules defined within this document.

Name: _____ **Date:** _____

(Please return this signed form to the office. Thank you!)

Lighting the flame of learning with God's word as the foundation and demonstrating a Christian life within our school, family, and community.

Martin Luther School is a mission of Immanuel Lutheran Church-The Lutheran Church Missouri Synod

Martin Luther School Registration Form 2022-2023

Please enter all phone numbers as area code-prefix-number:

Parent/Guardian #1 (where student resides):



☐ Please Check the box if your enrollment information is the same as last year.

Last Name: _____ First Name: _____ Initial: _____ Title: _____ Suffix: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Name of cell phone service provider for texting: (AT&T, Verizon, US _____) (Must be completed)

Occupation: _____ Business Address, City, St., Zip: _____

Religion/Church: _____ E-Mail: _____

Parent/Guardian #2

Last Name: _____ First Name: _____ Initial: _____ Title: _____

Suffix: _____ Relationship: _____ Work Phone: _____ Cell Phone: _____

Name of cell phone service provider for texting: (AT&T, Verizon, Ce, etc...) _____

Occupation: _____ Business Address, City, St., Zip: _____

Religion/Church: _____ E-Mail: _____

☐ Check if address and home phone is the same as above for parent/guardian #2 and leave the next line blank.

Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Other responsible persons ie. Emergency Contacts:

(#3) Last Name: _____ First Name: _____ Relationship: _____ Phone: _____

(#4) Last Name: _____ First Name: _____ Relationship: _____ Phone: _____

Medical information:

Doctor's name: _____ Doctor's phone: _____ Hospital: _____ Insurance: _____

Transportation:

Who is responsible for transporting Child:

To School: _____ From School: _____

Please List Other Individuals Responsible for Transporting Your Child:

(OVER)

Martin Luther School Registration Form 2022-2023

First Name:_____ Middle Name:_____ Last Name:_____ Grade:_____

Gender:_____ Birthdate:_____ Public School District:_____ Public School:_____

K-8 Grades Only: (Missouri Department of Elementary and Secondary Education Requires MLS to Report the following information: Public School District and Public School Building within the Public School District your child would attend if not enrolled at MLS.)

Race:_____ Religion/Church_____ Allergies/Special Food Requirements_____

Students will not be enrolled until this form is submitted with the registration fee.

Registration Fees Before 4/15/22 (2 yr. olds, PS/PK \$85; K-8 \$200)

Registration Fees After 4/15/22 (2yr. olds, PS/PK \$85; K-8 \$275)

(Preschool/Prekindergarten must be potty trained)

Pre-School/Pre-Kindergarten Only:

(Please "✓" the Mornings and/or Afternoons Your Child Will Be Attending)

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

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Protect your child right from the start.

Immunization is the single most important way parents can protect their children against serious diseases.

If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot.

	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months	19-23 Months	4-6 Years	11-12 Years
Hepatitis B	✓	✓	✓ If not @ birth.	✓					
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓		✓		✓	
Haemophilus Influenzae B (Hib)		✓	✓	✓	✓				
Poliovirus (Polio)		✓	✓	✓				✓	
Pneumococcal Conjugate (PCV)		✓	✓	✓	✓				
Measles, Mumps, Rubella (MMR)					✓			✓	
Varicella (Chickenpox)					✓			✓	
Hepatitis A					✓		✓		
Rotavirus (RV)		✓	✓	✓					
Tetanus, Diphtheria, Pertussis (Tdap)									✓
Meningococcal Conjugate (MCV)									✓
Human Papillomavirus (HPV)									✓
Influenza				Each flu season starting at 6 months. 6 month through 8 year olds who receive a flu vaccine for the 1st time should be given 2 doses - 4 wks apart.					

Some of these vaccines may be given in combination, meaning fewer shots.

✓ Can be given as early as 12 months, if there is six months since third dose.

Missouri's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). For more information, please call the Missouri Department of Health and Senior Services' Immunizations Program at 800.219.3224 or visit www.health.mo.gov.



IDENTIFYING INFORMATION

BIRTHDATE

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME
(PLEASE PRINT.)

TELEPHONE NUMBER