Good Shepherd Lutheran Church and School

99 CENTRAL PARK ROAD, PLAINVIEW, NEW YORK 11803 (516) 349-1966

APPLICATION FOR ENROLLMENT 2024-2025

(Non-refundable application fee is $195)

SCHOOL YEAR PROGRAMS

Begin SEPTEMBER and end in JUNE.

TODDLER PROGRAM (18 months to 36 months)

- ☐ **HALF** day 9:00AM – 12:00PM
  3,4,or 5 days a week
  circle desired days : M, T, W, TH, F
- ☐ **FULL** Day 9:00AM – 3:00PM
  3,4,or 5 days a week
  circle desired days : M, T, W, TH, F

NURSERY PROGRAM (must be 3 years old by Dec31st)

- ☐ **HALF** day 9:00AM – 12:00PM
  3,4,or 5 days a week
  circle desired days : M, T, W, TH, F
- ☐ **FULL** Day 9:00AM – 3:00PM
  3,4,or 5 days a week
  circle desired days : M, T, W, TH, F

PRE-K PROGRAM (must be 4 years old by Dec 31st)

- ☐ **FULL** day 9:00AM – 3:00PM
  3,4,or 5 days a week
  circle desired days : M, T, W, TH, F

*Our before and after care program is available from September thru June for school year children.
Our before care hours are 7:30AM – 9:00AM.
Our after care hours are 3:00PM – 6:00PM.

EXTENDED PROGRAMS

Begin SEPTEMBER 3rd and run thru AUGUST.
Open year round (only closed on major holidays and the last week of August).

- ☐ **TODDLER EXTENDED PROGRAM**
  (18 months to 36 months)
- ☐ **NURSERY EXTENDED PROGRAM**
  (must be 3 years old by Dec. 31)
- ☐ **PRE-KINDERGARTEN PROGRAM**
  (must be 4 years old by Dec. 31)

ALL EXTENDED CARE PROGRAM
DAYS AND HOURS ARE AS FOLLOWS:
Monday thru Friday 7:30AM – 6:00PM.

PLEASE CHECK ONE:
___ My child will begin in July.
___ My child will begin in September.

If you elect to start school after September, a non-refundable deposit in the amount of one month's tuition payment will be due upon enrollment.

OPTIONAL REQUEST
I request Ms./Mrs._____
as my child's teacher. I understand that this request will be given every consideration **but may not be honored due to class ratios and enrollment.**

FAMILY INFORMATION (Please Print)

Child's Name _____ **Date of Birth** ____/_____/____ **Sex** _____
Last First Middle Initial

Address _____
City State Zip

Preferred Email _____ **Home Telephone** _____

Mother's name _____ **Father's Name** _____

Mother's cell _____ **Father's cell** _____

Mother's work phone _____ **Father's work phone** _____

Mom's Employer _____ **Father's Employer** _____

Please complete back side

CHILD'S PERSONAL INORMATION:

Preferred Name: _____

Does your child speak English proficiently? Yes ____ No ____

What other language does your child speak? _____

CHILD'S MEDICAL CONDITIONS:

Does your child have any allergies ? Yes _____ No _____

If yes, your child is allergic to : _____

If yes, does your child require an Epi-pen ? Yes _____ No ____

Please check any/all that apply:

- ☐ American Indian or Alaskan Native
- ☐ Black (not Hispanic origin)
- ☐ Asian or Pacific islands
- ☐ Hispanic
- ☐ White (not Hispanic origin)

SCHOOL DISTRICT:

_____

We are required to report racial and school district information to the New York State Department of Education for statistical purposes only.

HOW DID YOU HEAR ABOUT GOOD SHEPHERD LUTHERAN SCHOOL ?

Currently Enrolled _____ Friend _____ Advertisement_____ Church _____ Website _____ Other_____

CHURCH MEMBERSHIP (we offer a Good Shepherd Lutheran Church member discount):

Please list family member name: _____

PERMISSIONS:

- ☐ **I DO give permission for my child's name, address, phone number, etc. to be included on the class list.**
- ☐ **I DO NOT give permission for my child's name, address, phone number, etc. to be included on the class list.**

(This list is provided only to the families in the class to share contact information for play dates, birthday parties, class parties, etc.)

- ☐ **I DO give permission for my child's picture to appear in brochures, publications, website, etc.**
- ☐ **I DO NOT give permission for my child's picture to appear in brochures, publications, website, etc.**

(Names of children are not published along with pictures. School events are photographed for marketing and publicity purposes.)

_____

Parent Signature

REQUIRED DOCUMENTS DUE UPON ENROLLMENT:

- ☐ **COPY OF BIRTH CERTIFICATE OR PASSPORT** I have submitted my child's proof of birth date with this application.
- ☐ **APPLICATION FEE REQUIRED** I have submitted a $195 non-refundable application fee with this application.
- ☐ **VALID MEDICAL FORM/RECORD OF IMMUNIZATIONS REQUIRED BY AUGUST 16TH, 2024**

These are needed for school attendance. Medical forms are valid for one year from the date of your last exam.

Good Shepherd Lutheran School grants to students of any race, color, national and ethnic origin all 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, nationality or ethnic origin in administration of its educational policies, admissions policies or other school administered programs. The school reserves the right to make appropriate and necessary changes in staffing, class configurations, classroom locations, and student placement as needed. The school reserves the right to alter our program offerings based on actual enrollment. Programs are subject to availability and are offered on a first-come, first-served basis.

I hereby certify that the information I have provided above is accurate. It is my intent to support my child's teachers and Good Shepherd Lutheran School in working with my child. In addition, I agree to fulfill my financial obligations to Good Shepherd, as set forth in the Tuition/Fee Schedule, Payment Agreement, Payment Policy, and Refund Policy.

PARENT SIGNATURE_____ **DATE**_____

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2024-2025 PAYMENT AGREEMENT

Child's Name: Last_____ First _____ M.I. _____ DOB: _____

Address _____
Street Town State Zip

Preferred Email: _____ Phone (___) _____

Please check the program that your child is enrolled in for the 2024-2025 school year:

SCHOOL YEAR PROGRAMS
(SEPTEMBER thru JUNE)

TODDLER PROGRAM
- ☐ 3 HALF days
- ☐ 4 HALF days
- ☐ 5 HALF days
- ☐ 3 FULL days
- ☐ 4 FULL days
- ☐ 5 FULL days

NURSERY PROGRAM
- ☐ 3 HALF days
- ☐ 4 HALF days
- ☐ 5 HALF days
- ☐ 3 FULL days
- ☐ 4 FULL days
- ☐ 5 FULL days

PRE-KINDERGARTEN PROGRAM
- ☐ 3 FULL days
- ☐ 4 FULL days
- ☐ 5 FULL days

EXTENDED CARE PROGRAM
(JULY or SEPTEMBER start thru AUGUST)
(Please circle July or September)

TODDLER PROGRAM
- ☐ 5 days extended
  7:30AM – 6:00PM

NURSERY PROGRAM
- ☐ 5 days extended
  7:30AM – 6:00PM

PRE-KINDERGARTEN PROGRAM
- ☐ 5 days extended
  7:30AM – 6:00PM

TUITION PAYMENT POLICY

☐ **FOR SCHOOL YEAR PROGRAMS:** I intend to pay my school year tuition in the following manner:
☐ cash / check **OR** ☐ debit card / credit card
☐ 1 payment plan (due 6/01/24) ☐ monthly payment plan (due the 1st of June, Sept, Oct, Nov, Dec, Jan, Feb, Mar, Apr & May)

☐ **FOR DAYCARE / EXTENDED PROGRAMS:** I intend to pay my extended program tuition with the first and last month's deposit due by June 1st, 2024. I understand that all extended program tuition payments must be made on the 1st of each month.

BEFORE AND AFTER CARE ADDITIONAL RATES

Our toddler, nursery and pre-kindergarten programs offer before and after care hours as follows:

- BEFORE CARE is 7:30AM to 9:00AM, DAILY
- AFTER CARE is 3:00PM to 6:00PM, DAILY
- **BEFORE AND AFTER CARE HOURS ARE BILLED AT $19.00 PER HOUR.**
- A sibling discount rate of $10.00 per hour is offered to families with 2 children:
  (*1st child pays $19 per hour, 2nd child pays $10.00 per hour).*
- Any after care pickup after 6:00PM may be assessed a $1.00 per minute late fee.

☐ My child **WILL NOT** be utilizing the before or after care service on a consistent basis.
I understand that for my convenience, before and care services are available on an as-needed basis.

☐ My child **WILL** be utilizing the before and after care service consistently. To the best of my knowledge, my child will be using before and / or after care on the following days and times:

BEFORE CARE 7:30AM to 9:00AM	**AFTER CARE 3:00PM to 6:00PM**
Monday from _____	Monday from _____
Tuesday from _____	Tuesday from _____
Wednesday from _____	Wednesday from _____
Thursday from _____	Thursday from _____
Friday from _____	Friday from _____

LATE FEES FOR OVERDUE PAYMENTS

- Tuition payments must be remitted on the 1st of every month that they are due.
  Before and after care payments must be remitted on the 10th of every month that they are due.
  Should tuition and before and after care payments be received after the 10th of the month,
  a $25 late fee or 5% of the amount due (whichever is greater) will be assessed.
- I understand that changing to a different program or scheduled days of attendance will result in a $40 “change of program fee”.

ACKNOWLEDGEMENT OF GOOD SHEPHERD PAYMENT POLICIES

I have read the attached Payment Agreement defining the policies and procedures for all payments to Good Shepherd Lutheran School including tuition payments and before and after care payments. Additionally, I have read and understand Good Shepherd Lutheran School’s refund policy.

In filling out and signing this form, I acknowledge that I am the person responsible for paying tuition payments. I acknowledge that all Payment Agreement documents have been read and I accept their terms.

_____ _____

Parent/Guardian Signature Date