

NATIVITY LUTHERAN CHURCH & SCHOOL REGISTRATION FORM



Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Member of Nativity: yes no Other Church Affiliation: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Member of Nativity: yes no Other Church Affiliation: _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Copy of Birth Certificate

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain photos/videos of your child s? Yes No

PARENT'S AGREEMENT WITH THE SCHOOL

In Case of Emergency: In the event of an illness or accident and after reasonable attempts to locate parents or guardians fail, permission is needed to take the student to a doctor or hospital.

In the event that _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while attending any activity at Nativity Lutheran Church and School, I hereby give my permission for any necessary hospitalization, medication, or surgery for _____ upon the recommendation of a qualified doctor. Every effort will be made to contact the parents or guardians at the earliest possible moment.

It is understood that the school program includes religious education. Our religious curriculum is designed to create an awareness of Jesus, the ways in which He cares for us and loves us. We also highlight and celebrate the special events of His life throughout the year (Christmas, Easter, etc.).

Tuition charges are based on an annual tuition rate. It must be paid in full, or in 10 equal installments beginning August 1st and ending with the May payment. A late fee of \$30.00 will be assessed for payments received after the 10th of the month. Students can return after the account is brought up-to-date.

Permission is given for my child to participate in scheduled field trips throughout the year. An individual field trip permission form will be sent home for each event!

Permission is given to share my child's address and phone number as part of our class listing.

It is understood that the Director has the right to ask for the withdrawal of any child she feels is not ready for the school program.

I will receive a copy of the Nativity Lutheran Church and School handbook prior to the first day to school.

I understand that Nativity Lutheran Church & School encourages acceptable social behavior through positive reinforcement. Our discipline procedure states when a child has done something unacceptable, we have him/her sit in "time-out" for a few minutes to think about what they have done. We never spank or hit a child or use food as a reward or punishment.

I understand that I must provide to the school my child's **original** Physical (DH340) and Immunization (DH680) form **prior** to the attendance of my child.

I have read the document "Know Your Child Care Facility" and VPK Attendance Policy (if applicable)

I will provide all food and snacks for my child while attending Nativity Lutheran Church & School.

To be completed with a Notary Public:

Signature of Parent/Guardian _____ Date _____

Driver's License # _____

State of Florida

County of Palm Beach

I, the undersigned authority, hereby certify that the foregoing is a true and correct copy of the instrument presented to me by _____ as the original of such instrument.

Witness my hand and official seal, this _____ day of _____.

Notary Public

My Commission Expires: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

- Able to pick up all children in the family
 Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

- Able to pick up all children in the family
 Not able to pick up the following Children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

- Able to pick up all children in the family
 Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

- Able to pick up all children in the family
 Not able to pick up the following children: _____

PLEASE REFER TO THE NATIVITY TUITION & FEE SCHEDULE

Tuition / Payment Information:

Nativity Lutheran Church & School charges an annual tuition. A one month written notice is required to break this agreement. As the undersigned I verify that I am the responsible part for all payments and fees due to Nativity.

Current Tuition Amount: _____ monthly starting August 1 and ending May 1

My child will attend (Circle) M T W TH F from _____ AM to _____ PM

Registration Fee*

*Non-refundable registration fee.

Returning student/sibling or church members of Nativity _____ due at point of registration
New Student _____ due at point of registration

Additional Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

REFERRED BY _____ PHONE _____

Signature:

Parent's Signature: _____ Date: _____

Thank You!



TUITION RATES: 2024-2025

REGISTRATION FEE

February 1, 2024 – April 1, 2025	April 2, 2025 – JANUARY 31, 2026
\$ 200	\$350

- Registration is due upon sign up and is non-refundable/ non-transferable
- The age of the child as of September 1, 2024 determines the placement
- VPK certificate must be obtained online at elcpalmbeach.org and supplied by the Parent.
- The **annual tuition is paid in 10 monthly installments** starting August 1st and ending May 1st.
- A 30 day **written** notice is required to end or change contract with the school.

FULL TIME PROGRAM

7:30AM- 5PM

AGE GROUP	3 DAY PROGRAM	5 DAY PROGRAM
2 YEAR OLDS	\$ 900 month	\$ 1000 / month
3 YEAR OLDS	\$ 800 month	\$ 900 / month
4 YEAR OLDS	-	\$900/ month
VPK certified	-	\$700/ month

PART TIME PROGRAM

7:30AM-12PM

AGE GROUP	3 DAY PROGRAM	5 DAY PROGRAM
2 YEAR OLDS	\$ 700 / month	\$900/ month
3 YEAR OLDS	\$ 600 / month	\$700 / month
4 YEAR OLDS	-	\$700/ month
VPK certified	-	FREE (9AM-12PM)

EXTENDED CARE:

AM 7:30 TO 9:00 (VPK only)	\$ 350/ month
PM 12:00 TO 2:30 (VPK only)	\$ 350 / month
PM 2:30 TO 5:00 (VPK only)	\$ 350 / month
CARE CARD available to all	\$350/ 10 units of Extended Care

DISCOUNTS AND INCENTIVES:

SIBLING DISCOUNT	10%
CHURCH MEMBER	15%
REFER A FRIEND	\$100 TUITION CREDIT (ask for details)
Hero's Discount (First Responders ,Military, Teachers)	10%