

2023-24 Registration Information for New Preschool Students

Registration for New Preschool Students Begins Monday, Jan. 23, 2023.

- We will accept registration forms at 9:30 am at the front door.
- To Register, we will need your Registration Form, copy of child's birth certificate, updated SC immunization form (ILS does not accept immunization exemptions) and check made payable to ILS for \$250 for the Registration Fee.
- Please have a 1st and 2nd choices marked on your Registration Form to ensure the best chance for an available class for your child.
- You may note any special circumstances, but teacher requests are not guaranteed.

Programs - K1 (Mom's Morning Out/MMO), K2, K3, K4

- All Classes at Immanuel Lutheran School have a Teacher and Assistant assigned to the class.
- All Children must be the appropriate age for the class they are enrolling by September 1.
- K1 (MMO) Children must be 12 months old by September 1 and Walking.
- K3 Children and Older must be Potty Trained.

Length of School Day

- All K1 (MMO) classes offer a 3-hour day from 9:00 am to 12:00 pm.
- K2, K3 and K4 classes are all 4-hour days from 9:00 am to 1:00 pm.
- All students in K2, K3 and K4 will bring a nut-free lunch each day.

Registration Fee

- The Registration Fee is \$250 for all students.
- If the student is currently registered on Sandbox, the Registration Fee will be drafted.
- If the student is NOT currently registered on Sandbox, the Registration Fee should be paid by check made payable to ILS.
- The Registration Fee includes all materials, supplies, activities and field trips for the student for the school year.
- · All Registration Fees are non-refundable.

MMO and Preschool Tuition

- All K1 (MMO) and Preschool Classes start the day after Labor Day, in September 2023.
- MMO/Preschool Tuition may be paid in full by check made payable to ILS -or- in 9 monthly payments of ACH/ Checking Auto Draft on Sandbox, our parent portal.
- There is no discount for paying in full. There is no discount for multiple children.
- The first payment for MMO/Preschool is drafted <u>July 15</u> with the next payment drafted <u>Sept 15</u> thru April 15.
- MMO and Preschool tuition payments skip the month of August. See Draft Schedule Below.

MMO & PRESCHOOL PAYME	NT SCHEDI	JLE:		
(1) Ju	ıly 15 (2) S	ept 15 (3) O	ct 15	(4) Nov 15
(5) Dec 15	(6) Jan 15	(7) Feb 15	(8) Ma	ar 15 (9) Apr 15

2023-24 Immanuel Lutheran School - MMO and Preschool Tuition

Class	September 2021 through May 2022 Days/ Week	Monthly Tuition (9 payments) Without Lunch Hour 3 Hour Day (9:00-12:00)	Monthly Tuition (9 payments) With Lunch Hour Students Pack A Nut-Free Lunch 4 Hour Day (9:00-1:00)
K1- Mom's Morning Out Must be age 1 by Sept. 1 and Walking			
K1 (MMO)	2 days	\$215	Lunch Hour Not Available
K1 (MMO)	3 days	\$299	Lunch Hour Not Available
K1 (MMO)	5 days	\$446	Lunch Hour Not Available
K2 Must be age 2 by Sept. 1			
K2	2 days (Tu/Th)		\$262
K2	3 days (M/W/F)		\$362
K2	5 days (M-F)		\$525
K3 Must be age 3 by Sept. 1 and Potty Trained			
K 3	2 days (Tu/Th)		\$236
K3	3 days (M/W/F)		\$330
K3	5 days (M-F)		\$477
K4 Must be age 4 by Sept. 1			
K4	3 days (M/W/F)		\$330
K4	5 days (M-F)		\$477

REGISTRATION FEE:

- The Registration Fee for all Mom's Morning Out and Preschool Students is \$250.
- Payment will be drafted from Sandbox for current families or may be paid by check made payable to ILS.
- All registration fees are due at time of registration and are non-refundable.
- All activities, field trips, supplies, and materials for the child are included in the registration fee.

Immanuel Lutheran School 2023-24 Registration

Date Registration Submitted];		OD WITH US	Lutheran Church & School		
A Complete Registration Pa			√ 5			
Registration Form	Up-to-	Date SC Certificate	e of Immunization	(no exemptions)		
Birth Certificate	\$250 R	\$250 Registration Fee (non-refundable)				
Immanuel Lutheran School use tuition payments. ILS will emai All ACH/Debit accounts must I	il a link to the primary email o	account where you	may access your a	ccount.		
Please note: A child may not b	egin school without a comp	lete registration, inc	luding an updated	SC immunization form.		
Office Use Only Check # Amo	ount: D	ate Received:	Cla	ass:		
The registration fee inclu- Current Stud	Fee is \$250 for all studes all activities, field trips lents who are using Sandbudents not currently using	s, supplies, and ma ox, the \$250 Regis	aterials for the chi stration Fee will b	ld for the school year. e <u>drafted</u> .		
	* * * * * * * * * * * * * * * * * * * *	********	*******	*********		
Child's Full Name		· · · · · · · · · · · · · · · · · · ·				
Name child goes by	Date of	Date of Birth		Sex: Male-or-Female? (circle)		
Child's home address		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
City		ZIP	Phone	· · · · · · · · · · · · · · · · · · ·		
Subdivision/Community, if o	ny	<u></u>	·			
Father's Name		. <u>.</u> .				
Mother's Name			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Father's Employment		Phone#	Cell	#		
Mother's Employment		Phone#		Cell#		
Email Address	·					
Siblings' Names and Dates			· ·			
**************************************		or the 2022-23 sch		******		
() K1 Mon/Wed/Fri () K1 Tues/Thurs	9:00-12:00 (no lunch op 9:00-12:00 (no lunch op	otion) () K3 Tues () K3 Five		9:00-1:00 9:00-1:00 9:00-1:00 ay K3 class)		
 () K2 Mon/Wed/Fri () K2 Tues/Thurs () K2 Five Days, Mon-Fri (May need to combine May 	9:00-1:00 9:00-1:00 9:00-1:00 /W/F and Tu/Th classes for 5 (/Wed/Fri Days, Mon-Fri	9:00-1:00 9:00-1:00		

*Please fill out the reverse side of Church Denomination:						
Church currently attends:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	ls your child baptized?				
Has your child previously attende	ed preschool? If	l? If so, where?				
Do you have any concerns or do teacher or director (this may inc	oes you child have any sp lude services for Speech,	oecial needs that you we OT, PT, food allergies, et	ould like to discuss with the			
How did you hear about our Sch	nool? () Friends (who?) _		() Front Sign			
() Advertisements (where) () O	ther				
************	<pre>k * * * * * * * * * * * * * * * * * * *</pre>	**********	************			
In the event of an emergency, if	f parents cannot be reac	hed, please contact:				
Name	Address	Phone	Relationship			
1 •	<u></u>	<u> </u>				
2						
List all allergies (food or other) a	nd any special precautio	ns or treatment indicate	d for these allergies.			
List any medications currently be	eing administered to the	child	<u> </u>			
List any chronic health problems	s and history of hospitaliza	ation	······			
Child's Physician or Clinic		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Address	<u></u> F	hone	<u> </u>			
In the event reasonable attempts to at (Phone)has it deemed necessary by (Preferred Finot available, by another licensed Hospital), or any hospital reasonal opinions of two other licensed performance of such surgery.	contact me at (Phone) been unsuccessful, I hereb Physician) I physician, and the transfe Ible accessible. This autho	y give my consent for the ever of the child to orization does not cover to	e administration of any treatment rent the designated practitioner is(Preferred(Preferred major surgery unless the medical			
Date	Parent's Signa	ature				