

# 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

### 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 T H 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!**

## 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: \_\_\_\_\_



## Tuition Rates: 2025-2026

### APPLICATION FEE

- The \$75 application fee is due upon completion of the application.
- The fee is per student and is nonrefundable/ non-transferable.

### REGISTRATION AND FEE

- The \$300 Registration fee is due upon the acceptance of the student.
- An annual \$300 supply fee will be included in the first tuition installment.
- All fees are per student and are nonrefundable/ non-transferable.
- The age of the child as of **September 1<sup>st</sup>, 2025**, determines the placement.
- The VPK certificate must be obtained online at [elcpalmbeach.org](http://elcpalmbeach.org) and supplied by the Parent.
- The **annual tuition is paid in 10 monthly installments** starting **August 1<sup>st</sup>** and ending **May 1<sup>st</sup>**.
- A 30-day written notice is required to end or change the contract with the school.

### FULL TIME PROGRAM

7:30 AM – 5:00 PM

AGE GROUP	5 DAY PROGRAM	3 DAY PROGRAM
2 YEAR OLDS	\$ 1150/month	\$ 1050/month
3 YEAR OLDS	\$ 1050/month	\$ 950/month
4 YEAR OLDS & School Age	\$ 1050/month	\$ 950/month
VPK CERTIFIED	\$ 795/month	

### PART TIME PROGRAM

7:30 AM – 12:00 PM

AGE GROUP	5 DAY PROGRAM	3 DAY PROGRAM
2 YEAR OLDS	\$950/month	\$ 850/month
3 YEAR OLDS	\$850/month	\$ 750/month
4 YEAR OLDS & School Age	\$850/month	\$ 750/month
VPK CERTIFIED	Free 8:45 AM – 12:00 PM	

### VPK EXTENDED / FLEX CARE

7:30 AM to 9:00 AM	\$350/month
12:00 PM to 2:30 PM	\$350/month
2:30 PM to 5:00 PM	\$350/month
CARE CARD available to all	\$350 for 10 extended care units

### DISCOUNTS AND INCENTIVES

SIBLING DISCOUNT	10%
NATIVITY CHURCH MEMBER	10%
HERO'S DISCOUNT (First responders, military, teachers)	10%
REFER A FRIEND	\$100 TUITION CREDIT (Ask for details)