



**PRINCE OF PEACE LUTHERAN SCHOOL
ENROLLMENT FORM 2024-2025**
Please type or print this form with black ink.

For office use:
Date received:

**CHILD MUST BE 3 YEARS OF AGE BY OCTOBER 1ST TO BE ELIGIBLE FOR PRESCHOOL;
4 YEARS OF AGE FOR PREKINDERGARTEN; ALL STUDENTS MUST BE FULLY POTTY-TRAINED (NO PULL-UPS)**

STUDENT'S FULL LEGAL NAME (Please include any nicknames)	M/F	CLASS ENTERING* (PSA, PSP, PKA, or PKP)	BIRTH DATE

*Preschool AM = **PSA** *Preschool PM = **PSP**
*Prekindergarten AM = **PKA** *Prekindergarten PM = **PKP**

Class sizes are limited; priority is given to those who enroll early. Classes may be combined if there is insufficient enrollment.

ADDRESS: _____

CITY: _____, IN ZIP _____

PRIMARY PHONE #: _____

STUDENT RESIDES WITH: Both Parents Mother Mother/Stepfather Father Father/Stepmother

GUARDIAN IF OTHER THAN PARENT(S): _____

If you wish the **non-custodial parent** to receive school mailings, please provide their name, mailing address & phone:

	FATHER	MOTHER
Name:		
Cell phone:		
e-mail:		
Occupation:		
Employed at:		
Business phone:		
Religion:		
Church Home:		
Name and birth date of other children living in home:	School(s) previously attended:	

If you have daytime childcare, please provide the caregiver's name and telephone number.

EMERGENCY CONTACTS OTHER THAN PARENT(S) – YOU MUST LIST AT LEAST ONE

Name	Relationship	Phone
1.		
2.		
3.		

IMMUNIZATION RECORDS

NEW STUDENTS are required to provide immunization records no later than August 20, 2024.

Records may be emailed to popschoollcms@hotmail.com.

RETURNING STUDENTS are required to provide immunization updates as necessary.



**PRINCE OF PEACE LUTHERAN SCHOOL
TUITION SCHEDULE 2024-2025**

Office use only: Payment receipt
Date: _____
\$ _____
CK# _____ CC _____
T-Shirt given _____

	Yearly	Semester	Quarterly	9-Month	Registration Fee*
Preschool	\$1,010.00	\$512.00	\$258.00	\$118.00	\$50.00
Prekindergarten	\$1,277.00	\$646.00	\$325.00	\$148.00	\$75.00

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***The registration fee** is due upon enrollment and will guarantee your child’s enrollment in the designated class. The registration fee is **non-refundable**.

RaiseRight Program: See the school office for information on how to participate in the optional RaiseRight program to reduce the cost of your child’s tuition. **Tuition credit accrued is nonrefundable and not redeemable for cash.**

A 3.49% fee will be added to all credit card payments.

PAYMENT SCHEDULE: Please initial next to your tuition payment schedule choice & again to select your payment option. If you need to change these selections before or during the school year, contact the office.

____ Yearly: Tuition due 8/10/24. *(Payable by cash, check, or credit card; additional 3.49% fee for credit cards)*

____ Semester: Tuition due 8/10/2024 and 1/10/2025.

____ **Auto bank draft:** *Payments will be deducted electronically from your checking or savings account on these dates. You will need to complete an ACH authorization form, which will be mailed in late July.*

____ **Credit card:** *You will be invoiced. An additional 3.49% fee will be charged.*

____ Quarterly: Tuition due 8/10/2024, 10/10/2024, 1/10/2025, and 3/10/2025.

____ **Auto bank draft:** *Payments will be deducted electronically from your checking or savings account on these dates. You will need to complete an ACH authorization form, which will be mailed in late July.*

____ **Credit card:** *You will be invoiced. An additional 3.49% fee will be charged.*

____ 9-Months: Tuition is due on the 10th of each month beginning 8/10/2024 and ending 4/10/2025.

____ **Auto bank draft:** *Payments will be deducted electronically from your checking or savings account on these dates. You will need to complete an ACH authorization form, which will be mailed in late July.*

____ **Credit card:** *You will be invoiced. An additional 3.49% fee will be charged.*

Tuition Payments:

I agree to pay my child’s tuition according to the schedule initialed above. For ACH payments, I understand that I will be responsible for any insufficient fund fees that may accrue. For credit card payments, failure to submit payment by due date will result in a \$25 per week late fee.

PARENT’S SIGNATURE: _____ DATE: _____

How did you hear about our school: ____ Family that is enrolled here ____ Current enrollment ____ Newspaper
____ Through your home church ____ Other: _____

Please circle your child’s t-shirt size: XS S M L

***If your child has a t-shirt and does not need an updated size, leave blank.**

**PRINCE OF PEACE LUTHERAN SCHOOL
2024 – 2025**

IMMUNIZATION RECORDS

NEW STUDENTS are required to provide immunization records no later than August 20, 2024.

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RETURNING STUDENTS are required to provide immunization updates as necessary.

All information must be completed.

PHYSICIAN	DENTIST (if applicable)
Name	Name
Address	Address
Phone	Phone

STUDENT HEALTH HISTORY – please use the back of this form for additional information.

Check if your child has had:

- Asthma
- Bee sting (requiring medication)
- Chickenpox
- Seizures
- Wears glasses
- Wears a hearing aid
- Diabetes
- Nosebleeds
- Allergies (Please list):

Is your child under a physician's care (other than routine care)? Explain:

List medication(s) your child is taking regularly:

Brief history of serious accident, injury or other conditions the school should be aware of:

Photo Release

I give my permission for Prince of Peace Lutheran School to display or use picture(s) of my child or children, listed above, in school multi-media articles or advertising, including the Prince of Peace website and Facebook.

Parent's Signature: _____ Date: _____