



REGISTRATION FORM 2011-2012

(Complete one form per child)

***A non-refundable registration fee must accompany this form. If this is your child's first year at CLS, please submit a copy of the child's birth certificate and immunization record w/ form.**

STUDENT INFORMATION

Gender (please circle) M --- F

Grade student will enter in 2011-12 _____

Name _____ / _____ / _____
(Last) (First) (Middle)

Street _____ City _____ Zip _____

Phone _____ (For Family Directory-please circle) Do **not** publish / **OK** to publish

CHURCH STUDENT ATTENDS _____

STUDENT BIRTHDATE: _____ BAPTISM DATE: _____

Ethnic Origin ___ African American ___ Caucasian ___ Hispanic ___ Native American ___ Asian ___ Decline to Answer

CLS admits students of any race, religious preference, color, gender, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded, or made available to, students at the school. CLS does not discriminate on origin in administration of its educational policies or other school administered programs.

PARENT/GUARDIAN INFORMATION

FATHER _____ HOME PHONE (if different from student) # _____

ADDRESS IF DIFFERENT THAN STUDENT _____

CELL NUMBER _____

OCCUPATION/TITLE _____ COMPANY _____

BUSINESS PHONE _____ E-MAIL ADDRESS _____

MOTHER _____ HOME PHONE (if different from student) # _____

ADDRESS IF DIFFERENT THAN STUDENT _____

CELL NUMBER _____

OCCUPATION/TITLE _____ COMPANY _____

BUSINESS PHONE _____ E-MAIL ADDRESS _____

PLEASE READ THE FOLLOWING STATEMENTS AND INITIAL:

SCHOOL POLICIES: I/We submit this enrollment application, agreeing to the policies of Central Lutheran School. Admission may be withdrawn at any time if information provided in application, other admission documents or interviews is not complete and accurate. Initial _____

FINANCIAL POLICIES: I/We understand registration fees are non-refundable unless child is denied admission. The school may refuse to allow registration for the next school year if all tuition and registration fees are not paid in full for the prior school year. By initialing, I agree to pay all tuition/lunch and other charges in a timely fashion. Initial _____

TUITION

PAYMENT PLAN OPTIONS: You will automatically be put on the 9-month payment option and billed beginning September 1 *unless* you indicate you would like the option to pay your tuition upfront in full at the beginning of the school year. (Please circle one)

PAY IN FULL

9-MONTH PLAN

PRESCHOOL TUITION:

PS 3s \$765/member/yr. \$810/nonmember/yr
 Registration Fee: \$65 member & nonmember

PS 4s **FREE CONTINGENT ON STATE GRANT (Parents pay milk)**
 NO Registration Fee (CONTINGENT ON STATE GRANT)

Please select your preference: ___ 3 Year Old A.M. Class
 ___ 3 Year Old P.M. Class
 ___ No preference

Please select your preference: ___ 4 Year Old A.M. Class
 ___ 4 Year Old P.M. Class
 ___ No preference

K-8 TUITION: **MEMBERS** 1st Child \$1,280 / 2nd Child \$788 / 3rd Child+ \$420 (per year)
 NON-MEMBERS 1st Child \$2,880 / Each Additional Child \$1,800 (per year)

We cannot confirm a seat in class for your child until the completion of **EARLY REGISTRATION** (March 31, 2011). Priority will be given to association members on a first-come, first-served basis. For those enrolling during **REGULAR REGISTRATION** (April 1, 2011 or after), seat placement is determined on first-come, first-served basis. New families must meet with the Principal before being given seat placement.

ACADEMIC BACKGROUND INFORMATION:

To better serve the needs of your child, please answer the following questions:

1. Does your son/daughter have an identified learning difference or special needs?
 _____No _____Yes (If yes, please explain below)

2. Does your son/daughter have an IEP (Individual Education Plan)
 _____No _____YES (If yes, please provide a copy)

Parent/Guardian Signature _____ **Date** _____

For Office Use:	Date _____	Check # _____	Amount _____
PS 3 Registration Fee per child \$65.00; K-8 Registration Fee per child \$290.00 before April 1; \$340 on/after April 1.			