



CROWN OF LIFE

PREK ENROLLMENT PACKET 2021-22

Directions

- 1 - Download form to desktop
- 2 - Open form in Adobe Acrobat (Reader)
- 3 - Fill out form
- 4 - Save form as:
 Students Last Name_COL PREK Enrollment 21-22
- 5 - Email to: schooloffice@colwsp.org
- 6 - **Bring Voided Check** to school office to sign forms and complete enrollment

Note: All forms must be filled in Electronically.



PREK REGISTRATION FORM

OFFICE USE ONLY
Registration Fee

Table with 2 columns: AMOUNT PAID, DATE. Includes fields for Cash and Check #.

Registration Fee (non-refundable) must be submitted with this form to be considered registered.
Make checks payable to "Crown of Life Lutheran School."

Table with 8 columns: Student Last Name, Student First Name, Student Middle Name, Date of Birth, Gender, Baptized, Does student wear glasses, Does student need medication during school hours.

Ethnic Affiliation: Mixed Race/Biracial, Native American, Latino/Hispanic, African American, Caucasian, Asian/Pacific Islander, Decline to Comment

FIRST CONTACT: Father, Mother, RESIDING SCHOOL DISTRICT

Father First Name, Father Last Name

Address, City, State, Zip

Home Phone, Work Phone, Cell, Carrier, (accepts texts), Yes, No

Email, Church Affiliation (Name, synod, city)

Place of Employment, Occupation

Mother First Name, Mother Last Name

Address, City, State, Zip

Home Phone, Work Phone, Cell, Carrier, (accepts texts), Yes, No

Email, Church Affiliation (Name, synod, city)

Place of Employment, Occupation

Family Status: Married, Divorced, Step Parent, Single Parent, Student(s) live with: Parents, Father, Mother, Other

If there is a separation or divorce custody situation of which we should be aware, please explain and provide a copy of custodial agreement. We cannot deny a parent access to the child without court documentation on file.

PICK-UP PERMISSION

I hereby give my permission for my child to leave Crown of Life with the persons named below. I will notify Crown of Life in writing of any changes.

Name, Phone, Relationship to Student(s)

Name, Phone, Relationship to Student(s)

ONLY persons named above will be able to pick up your child without your written permission.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

EMERGENCY & MEDICAL CONSENT

Emergency Contact 1 _____ Phone _____ Relationship to Student(s) _____

Address _____ City _____ State _____ Zip _____

Emergency Contact 2 _____ Phone _____ Relationship to Student(s) _____

Address _____ City _____ State _____ Zip _____

List any allergies, medical problems, or dietary needs _____

MEDICAL CONTACT INFORMATION

Medical Insurance Provider _____ Policy # _____ Group # _____

Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dentist Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Hospital Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

RELEASE

Yes No In case of an accident or illness, permission is hereby given to treat this student as required. I/We accept the responsibility for all costs thus incurred, and waive any claim against the school, association, its staff or chaperones for any and all causes which may arise in connection with the above.

PERMISSION FOR USE RELEASE – PROMOTIONAL PURPOSES INCLUDING SOCIAL MEDIA

The staff at Crown of Life Lutheran School shall not disclose a child's record to any person other than the child, the child's parent(s) or guardian(s), the child's legal representative and employees of Crown of Life, unless the child's parent or guardian has given written consent or as otherwise required by the law.

Yes No I give permission for my child's work to be used for school related activities, displays, publications and promotional purposes.

Yes No I give permission for my child's photo to be used for promotional purposes (*printed and digital*).

CONSENT – FIELD TRIP AND EXTRA CURRICULAR

Yes No I give my consent for my child to participate in field trips and extra-curricular activities.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

How did you hear about Crown of Life School? Website Social Media COL Event Family/Friend _____

I declare that the information on this form is, to the best of my knowledge, correct and complete. If there is a change to any of the above information, I will notify the school office immediately at 651-451-3832.

Parent/Guardian Signature _____ Date _____



Authorized Payer Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

Put an X in each box for the PreK sessions you would like to enroll in. Minimum of two sessions on two different days.

Three identical tables for student enrollment. Each table has columns for Student Name, Before School Care (7:00-8:00 am), Prek Session (Morning 8:00-11:00 am, Afternoon 12:30-3:10 pm), and After School Care (3:30-5:30 pm), followed by days of the week (MON-FRI).

MONTHLY TUITION (Tuition will not be refunded for days missed or for days the school is closed due to holidays, conferences, weather, etc.)

Fill in # of days per week. If you are not using an option put a "0" in the blank

HALF DAY # of Days per Week x Amount per Day = HALF DAY Tuition Weekly Total

FULL DAY # of Days per Week x Amount per Day = FULL DAY Tuition Weekly Total

BEFORE SCHOOL CARE – \$50 per family per semester. Billed separately. AFTER SCHOOL CARE – \$3 per half hour. Billed separately.

HALF DAY Tuition Weekly Total + FULL DAY Tuition Weekly Total = Weekly Tuition Total x # weeks in school year = Yearly Tuition Total / # months in school year = Monthly Payments

Upon acceptance of my child's/children's enrollment into Crown of Life Lutheran PreK, I agree to pay the tuition and fees as outlined on the above worksheet.

Authorized Payer Signature _____

Date _____



OFFICE USE ONLY

Authorized Payer Name _____ Phone _____ Email _____
Address _____ City _____ State _____ Zip _____
Authorization Date _____ Type of authorization New authorization Change banking information Change payment amount Discontinue electronic payment

PAYMENT INFORMATION

Organization Name _____
Monthly Payment Amount _____
Debit from my account each month on 1st 15th 28th
Please debit payment from my (check one)
Savings Account (contact your financial institution for routing #)
Checking Account (staple a voided check below)

VOIDED CHECK

TERMS, CONDITIONS AND AUTHORIZATION

Refunds: Crown of Life does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments.

Insufficient Funds: A fee of \$30 will be applied to your account if funds are insufficient. Your bank may impose additional fees. Crown of Life may have the student(s) serve an out-of-school suspension until the funds are provided or an alternative payment plan has been established between the family and a COL financial representative.

Follow-up Service: In the event you are not able to continue your payment plan, it is your responsibility to contact the Crown of Life FTE Financial Representative to make alternative payment arrangements.

Privacy Policy: Crown of Life (COL) is committed to respecting your privacy. Crown of Life will not sell, rent or lease your personally identifiable information to others unless we have your written permission or are required by law.

I have read and agree to the terms and conditions listed above. Upon acceptance of my child's/children's enrollment into Crown of Life Lutheran School, I agree to pay the tuition amount established for the student(s) as outlined on the Tuition Worksheet and Payment Authorization forms. I understand that if my account has insufficient funds a fee of \$30 will be applied to my account and it is my responsibility to move funds to the authorized account or speak to the financial representative to set up alternative payment arrangements. I also understand that if funds are not received or alternative payments arranged within 3 business days, Crown of Life may have my student(s) serve an out-of-school suspension.

I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature _____ Date _____