

Registration for the 2021-2022 School Year

Please read the following for the upcoming registration:

Registration will begin Monday, February 1st at 8:00 AM. Parents will be allowed in the building to register. Please stay in the hall and office only. Students will be in class. We have had a lot of interest for our school, we will be opening to the public on March 1. Register early to insure your child's place for next year.

- **There will be a \$200 registration fee; \$100 is due at the time of registration. The additional \$100 fee will be billed on your May statement and will be due by June 10. You may pay the full registration fee at the time of registration.**
- Pre-Kindergarten classes will be limited to 10 students per class. We have 3 morning classes and 1 afternoon class. We will not have double enrollment.
- Tuition fees have increased \$7-\$15 per month which will help offset the increase for teacher salaries.
- Credit card fees will be charged to your account if used to pay for tuition or extended care costs. This fee is determined by the card you use. Accounts paid directly from your checking account will not be charged a fee as long as it is set up through your checking account and not debit card. There is no fee if you use bill pay through your bank.
- You may set up your account for automatic withdrawal every month as well.
- Half day kindergarten this year will go from 8:15-11:45.
- Birth Certificates and Immunization Records must be turned in by the first day of school.
- If you pay your account in full by the first day of school, you will receive a 3% discount.

We try to keep our fees affordable while still providing a Christ centered environment with academic excellence. If you have questions or concerns please schedule a time to visit.

God's Blessings,



Mrs. Jund



IMMANUEL LUTHERAN SCHOOL

2055 FILER AVENUE EAST ~ TWIN FALLS, ID 83301
PHONE (208) 733-7820 ~ FAX (208) 735-9970
WEBSITE: www.immanueltschool.org ~ EMAIL: school@immanueltf.org

INSTRUCTIONS FOR ENROLLMENT 2021-2022

1. **ALL PAPERWORK MUST BE FILLED OUT COMPLETELY!**
2. Applications for Admission **WILL NOT** be accepted without the following:
 - a. **\$200.00 Registration Fee (\$100.00 refundable If child drops before school starts)**
 - b. **STATE CERTIFIED BIRTH CERTIFICATE** (must have the official raised seal). ***NEW STUDENTS ONLY***
 - c. **UP-TO-DATE IMMUNIZATION RECORDS:** A copy of the required immunizations may be obtained from the Department of Health & Welfare or the school office. Doctors are also aware of the state requirements. If there are health reasons why immunizations are not up-to-date, a physician's note is required. **Exemption forms must be completed if no immunizations have been given.
3. **Immanuel Registration** is held from ***February 1 2021 – February 26, 2021***. During Immanuel Registration, applications for admission will **ONLY** be accepted from current Immanuel students and their siblings; current Immanuel CDC students and their siblings; or Immanuel Church member students and their siblings.
4. **Public Registration** will begin on ***March 1, 2021***. Once Public Registration begins, applications will be accepted on a first come, first served basis until each class is full.
5. **Pre-Kindergarten students MUST BE POTTY TRAINED - NO PULL UPS.**
6. Tuition payments are due on the 1st day of each month. A \$20.00 late fee will be added after the 10th. Enrollment will be terminated if your account is 30 days past due.
7. Automatic withdrawal from checking/savings accounts or credit/debit cards is available for tuition payments. Withdrawals occur around the 10th of each month. Please fill out the attached authorization form, attach a voided check (if needed), and return it to the school office.
8. If the total tuition is paid in full by ***The first day of School*** a 3% discount will be applied. ***(Credit Cards will be accepted for full payment. If credit cards are used a fee will be charged).***
9. **Tuition Assistance** applications are available in the school office for Full Day Kindergarten through Fifth grade only. Applications must be filled out completely and returned with a copy of your most recent Federal Tax Return (Form 1040). Since tuition assistance funds are limited, applications must be turned in as soon as possible.
10. If you have any questions concerning the above, please feel free to contact the school office.

OFFICE USE ONLY

Registration Fee

Date Received

Paid by: CK CK # _____ CC CASH _____

Your tuition payments will begin on:

September 1, 2021

July 1, 2021

August 1, 2021

Immanuel Lutheran School ~ Tuition Schedule ~ 2021-2022

CLASS	Non Refundable Registration Fee of \$100 per Child	Yearly Tuition	Monthly Payments		
			11	10	9
4 year old Pre-K AM/PM 1/2 Day Kindergarten AM ONLY	\$200	\$3,020	\$275	\$302	\$336
Full Day Kindergarten - 5TH	\$200	\$4,908	\$446	\$491	\$545

****MEMBER RATE:** In order to receive this rate you must be a member in good standing and active in Immanuel Lutheran Church. The church gives directly to the school monthly in honor and support of the family's commitment to Christian education.

*Full Day Kindergarten - 5TH	\$200	\$3,681	\$335	\$386	\$429
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Extended Care Fees	FT (4-5 days)	PT (1-3 days)		
4 Year Olds	\$295	\$220		
Kindergarten- First Grade	\$110	\$60		
Second- Fifth Grade	\$110	\$60		

You may sign up for automatic withdrawals from your checking, savings or credit card (no late fees for this plan).
 You may also pay online through our website using PayPal. **PLEASE NOTE:** It says donation as we are non-profit; however, it is applied to your account.

CIRCLE DESIRED MONTHLY PAYMENT PLAN

11 PAYMENTS
 Begin July 1, 2021

10 PAYMENTS
 Begin August 1, 2021

9 PAYMENTS
 Begin September 1, 2021

Immanuel Lutheran School admits students of any race, sex, color, and national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, color, race, or national origin in the administration of its educational policies, admission policies, scholarship programs, and athletic or any other school-administered programs.



Immanuel Lutheran School and Child Development Center

"Excellence at All Ages"



2021-2022 Child Admission Information

CHECK CHILD CARE NEEDED OR CLASS ENTERING (for school, must be of age by September 1)

- | | | |
|---|-------|---|
| <input type="checkbox"/> Pre-Kindergarten | AM/PM | <input type="checkbox"/> Extended Care (1-3 days) |
| <input type="checkbox"/> ½ Day Kindergarten | | <input type="checkbox"/> Extended Care (4-5 days) |
| <input type="checkbox"/> Full Day Kindergarten | | <input type="checkbox"/> Before School Care Only |
| <input type="checkbox"/> 1 st 2 nd 3 rd 4 th 5 th (circle grade) | | <input type="checkbox"/> Before and After School Care |

OFFICE USE ONLY	
Received	_____
Registration Fee	_____
BC	IMM

CHILD'S INFORMATION

Legal Name: Last _____ First _____ Middle _____

DOB _____ Nickname _____ Sex: M F (circle)

Street Address _____ City _____ Zip _____

Mailing Address if different: _____

Ethnic Background: ___Caucasian ___African-American ___Asian ___Hispanic ___Native-American ___Other

Baptized: ___yes ___No

STUDENT BACKGROUND

Previous school attended: _____

Reason for leaving: _____

Has your child ever been expelled from school? Y N If yes, why? _____

Has your child ever been screened or evaluated? Y N If yes, for what? _____

Explain _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name _____ Cell # _____ Work # _____

Employer _____ Occupation _____

Email Address: _____ Home Address (if different from child) _____

Church Home _____ ☐ Member of Immanuel Lutheran

Father/Guardian Name _____ Cell # _____ Work # _____

Employer _____ Occupation _____

Email Address: _____ Home Address (if different from child) _____

Church Home _____ ☐ Member of Immanuel Lutheran

Parental Status: ___Married ___Divorced ___Unmarried ___Guardian ___Widowed

Parents of Children in or Entering Preschool & Grades K-12



Why Your Child Needs Shots

Children must meet immunization requirements as stated in Idaho law to attend school. To meet legal requirements, a record with evidence that children are up-to-date on their immunizations (shots) or a valid immunization exemption must be provided and kept on file at the school. When children are in group settings, there is the potential for the spread of infectious diseases. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter preschool and grades K-12.

What You Need at Registration

You will need to present your child's immunization record or a valid immunization exemption to the school at the time of registration to enroll your child. The immunization record must show the date (month, day, and year) your child was given each shot. If you do not have an immunization record or your child has not received all required shots, call your doctor or local public health agency for an appointment.


Required Shots for School

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY BY GRADE

	Kindergarten ¹ - 6 th Grade	7 th Grade - 11 th Grade	12 th Grade
Children born after September 1, 1999 through September 1, 2005 must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (3) Polio ³ (3) Hepatitis B	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (3) Polio ³ (3) Hepatitis B (1) Tetanus, Diphtheria, Pertussis (Tdap) (1) Meningococcal (MenACWY)	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (3) Polio ³ (3) Hepatitis B (1) Tetanus, Diphtheria, Pertussis (Tdap) (2) Meningococcal (MenACWY) ⁵
Children born after September 1, 2005¹ must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (4) Polio ³ (3) Hepatitis B (2) Varicella (Chickenpox) ⁴ (2) Hepatitis A	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (4) Polio ³ (3) Hepatitis B (2) Varicella (Chickenpox) ⁴ (2) Hepatitis A (1) Tetanus, Diphtheria, Pertussis (Tdap) (1) Meningococcal (MenACWY)	(5) Diphtheria, Tetanus, Pertussis (DTaP) ² (2) Measles, Mumps, and Rubella (MMR) (4) Polio ³ (3) Hepatitis B (2) Varicella (Chickenpox) ⁴ (2) Hepatitis A (1) Tetanus, Diphtheria, Pertussis (Tdap) (2) Meningococcal (MenACWY) ⁵

- Preschool children need only be age-appropriately immunized with the required vaccines.
- DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older and at least 6 months after previous dose.
- Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after previous dose. For children born after 9/1/2005, at least one dose of polio should be given at age 4 years or older and at least 6 months after the previous dose.
- Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.
- Children should have one dose of meningococcal (Men ACWY) vaccine before the 7th grade. A second dose of Men ACWY is required prior to admission into the 12th grade. However, if a child received their first Men ACWY vaccine at age 16 years or older, no additional MenACWY doses are needed for 12th grade admission.

AUTHORIZATION FORM

The **Simply Giving**® Program
 endorsed by
 Thrivent Financial Bank®

FOR OFFICE USE ONLY	STUDENT #:	DATE:
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Name of school: _____		
Effective date of authorization: ____/____/____		Name of Student: _____
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name	First Name	
Address		
City	State	Zip
TUITION PAYMENT PLAN		
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	<input type="checkbox"/> Monthly _____ <input type="checkbox"/> Semi-Monthly _____	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	
	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <div style="font-size: small; margin-top: 5px;"> 123456789 123 1234567 0001 Routing Number Account Number Check Number </div>	
	I authorize the above school and Vanco Services, LLC 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: _____	
CREDIT CARD	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above school and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

Please staple voided check over credit card section above if using checking account.