

Lutheran Central School 3-yr. & 4-yr. Preschool Packet

The following forms need to be completed and returned to the LC office.

- _____ Registration Form (Registration forms will be accepted beginning February 13th and need to be returned to the LC office along with the \$150.00 registration fee no later than April 1 to reserve your child's place for next school year. Please see attached Enrollment Policy for more details. **In order for an application to be complete we must receive both the Registration form and the Registration fee.**
- _____ Tuition Payment Schedule (To keep for future reference.)
- _____ Tuition Payment Agreement Form (must be completed)
- _____ Birth Certificate (Need a copy of child's birth certificate.)
- _____ Immunization Record (Need a copy of original immunization records. Please see the attached Indiana State Department of Health School Immunization Requirements.)
- _____ Health History Update (Form attached. Needs to be filled out by child's parents.)
- _____ Chirp Form (Form attached. Needs to be filled out by child's parents.)

Pre-school Enrollment Policy

Lutheran Central School (LCS) admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of the educational policies, admission policies, and school-administered programs.

Candidates for admission to Lutheran Central School must be aware that LCS is a ministry of the Lutheran Church-Missouri Synod; therefore, we only teach the doctrine and practices of the Lutheran Church-Missouri Synod.

The enrollment procedure of Lutheran Central School is in accordance with the school philosophy of serving both the churches of the Lutheran Education Association and the Brownstown community with the message of the Gospel.

Classes that are available for enrollment are as follows:

- 3-year old AM – Tuesday and Thursday from 8:15-11:15 AM
- 3-year old PM – Tuesday and Thursday from 12:15-3:15 PM
- 4-year old AM – Monday, Wednesday, and Friday from 8:15-11:15 AM
- 4-year old PM – Monday, Wednesday, and Friday from 12:15-3:15 PM

Enrollment in 3-year old preschool will be limited to 15 per class and enrollment in 4-year old preschool will be limited to 20 per class.

Application Process

The parent or guardian must complete the application form in full and return it to the school office with the registration fee. No application will be considered without the registration fee. **In addition no application will be considered if the family is not current on their tuition payments for the 2023-2024 school year.**

Enrollment Priority

When limited by space enrollment priority is given in the following order:

1. Students who are members of the LEA member congregations. (Applications must be received by April 1st)
2. Students of families enrolled in the 2023-2024 school year **and their siblings.** (Applications must be received by April 1st)
3. All other students will be admitted as space allows.

**Students will be assigned to the AM/PM classes in the order in which applications are received

Lottery Policy

If Lutheran Central School were to receive (by the noted due date) enrollment forms that exceed the possible number of students that a given class can successfully accommodate, then LCS would conduct a random lottery drawing of eligible students who meet admission standards for LCS at a public meeting. The lottery would be conducted at the April School Board Meeting.

Lutheran Central School
 415 N. Elm Street, Brownstown, Indiana 47220
 812-358-2512

Date of Registration _____

INSTRUCTIONS: PLEASE ANSWER ALL QUESTIONS BELOW, SIGN, AND RETURN THIS REGISTRATION FORM ALONG WITH THE **\$150.00 REGISTRATION FEE** TO THE LUTHERAN CENTRAL SCHOOL OFFICE. CHECKS MAY BE MADE PAYABLE TO LUTHERAN CENTRAL SCHOOL.

Appreciating the educational advantages offered by a Christian school, I/we hereby request that our child be enrolled as a pupil of Lutheran Central School.

Child's Name: _____ M ____ F ____ Age _____
First Middle Last

Street Address: _____ City _____ Zip _____

Home Phone: _____ Email Address: _____

Entering Grade: _____ Ethnicity: _____ Date of Birth: _____

Date of Baptism: _____ Church where baptized: _____

Father

Name: _____ Cell Phone: _____ Work Phone: _____

Place of employment/Occupation: _____

Home Address of Father (if different): _____

Present Church Home: _____ Active: ____ Inactive: ____

Mother

Name: _____ Cell Phone: _____ Work Phone: _____

Place of employment/Occupation: _____

Home Address of Mother (if different): _____

Present Church Home: _____ Active: ____ Inactive: ____

Brothers and Sisters Please give name and birth date of each brother/sister of child being registered.

Name	Date of birth
_____	_____
_____	_____
_____	_____

PLEASE INDICATE THE CLASS YOU DESIRE. REMEMBER WE NEED TO RECEIVE THIS COMPLETED FORM ALONG WITH THE \$150.00 REGISTRATION FEE NO LATER THAN April 1, 2024 IN ORDER TO HOLD YOUR CHILD'S SPACE FOR THE 2024-2025 SCHOOL YEAR.

3-Yr Old Preschool	4-Yr Old Preschool
_____ AM (8:15-11:15 AM; Tues, Thur)	_____ AM (8:15-11:15 AM; Mon, Wed, Fri)
_____ PM (12:15-3:15 PM; Tues, Thur)	_____ PM (12:15-3:15 PM; Mon, Wed, Fri)

OUR FAMILY WILL BE PAYING OUR TUITION OF \$1,175.00 (4-YR OLD) OR \$975.00 (3-YR OLD) IN THE FOLLOWING MANNER. CHECKS MAY BE MADE PAYABLE TO LUTHERAN CENTRAL SCHOOL.

_____ full payment is enclosed with the registration form

_____ we will pay in two installments of \$587.50 or \$487.50 per child on or before August 15, 2024 and January 15, 2025.

_____ we will be paying in four installments of \$293.75 or \$243.75 per child on or before August 15, 2024, October 15, 2024, January 15, 2025, and March 15, 2025.

_____ we will be paying in ten installments of \$117.50 or \$97.50 per child on or before August 15, 2024, September 15, 2024, October 15, 2024, November 15, 2024, December 15, 2024, January 15, 2025, February 15, 2025, March 15, 2025, April 15, 2025, and May 15, 2025.

Please review any special needs that your child may have, including diet, behavior, medication, and any other needs that are pertinent to your child's health and academic success. All information is confidential.

Is your child on any form of medication? Yes _____ No _____

If yes, name of medication _____ Reason for medication _____

Your reasons for wishing to register your child at Lutheran Central School: _____

STUDENT LIVES WITH:

_____ Both parents

_____ Mother & Stepfather

_____ Father

_____ Mother

_____ Father & Stepmother

_____ Grandparents

_____ Guardian

If parents are divorced, custody was granted to: _____ joint _____ mother _____ father
(you may be asked to provide documentation)

The Mission of Lutheran Central School is to share the Good News of Jesus Christ, teach children, and assist parents in training children to be witnessing Christians and productive citizens.

We will provide Christian training based on Scripture and the Lutheran Doctrine of the Lutheran Church, Missouri Synod. As parents, if you are not a member of the Lutheran Church-Missouri Synod, it is required that you sign an agreement that you understand that Lutheran Doctrine will be taught to all students.

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

Signature of Parent: _____

FOR OFFICE USE ONLY:

RECEIVED: \$ _____

CASH

CHECK # _____

INITIALS: _____

DATE THIS FORM WAS RECEIVED WITH PAYMENT BY SCHOOL OFFICE: _____

LUTHERAN CENTRAL SCHOOL TUITION PAYMENT SCHEDULE

3-YR OLD PRESCHOOL

\$150.00 Registration Fee along with the completed Registration Form due in the LC office before April 1, 2024

Due Date	One Installment	Two Installments	Four Installments	Ten Installments
August 15, 2024	\$975	\$487.50	\$243.75	\$97.50
September 15, 2024				\$97.50
October 15, 2024			\$243.75	\$97.50
November 15, 2024				\$97.50
December 15, 2024				\$97.50
January 15, 2025		\$487.50	\$243.75	\$97.50
February 15, 2025				\$97.50
March 15, 2025			\$243.75	\$97.50
April 15, 2025				\$97.50
May 15, 2025				\$97.50

4-YR OLD PRESCHOOL

\$150.00 Registration Fee along with the completed Registration Form due in the LC office before April 1, 2024

Due Date	One Installment	Two Installments	Four Installments	Ten Installments
August 15, 2024	\$1,175.00	\$587.50	\$293.75	\$117.50
September 15, 2024				\$117.50
October 15, 2024			\$293.75	\$117.50
November 15, 2024				\$117.50
December 15, 2024				\$117.50
January 15, 2025		\$587.50	\$293.75	\$117.50
February 15, 2025				\$117.50
March 15, 2025			\$293.75	\$117.50
April 15, 2025				\$117.50
May 15, 2025				\$117.50

LUTHERAN CENTRAL SCHOOL – Tuition Payment Agreement Form
\$1,175.00 (4-year old); \$975.00 (3-year old) for 2024-25

Lutheran Central has established a policy regarding delinquent payments. **If your family has not made a payment by the due date of the payment plan you selected on your registration form, we will need to use an automatic payment method for tuition payments for the 2024-25 school year.** Please sign and return this form to the LC office.

You will not be considered enrolled until this form has been received.

PAYMENT DEDUCTION DATES

According to your registration form you chose the following payment plan option:

- Two Installments **AUTOMATICALLY DEDUCTED** on August 15, 2024 and January 15, 2025 if payment has not been received by this date.
- Four Installments **AUTOMATICALLY DEDUCTED** on August 15, 2024, October 15, 2024, January 15, 2025, and March 15, 2025 if payment has not been received by this date.
- Monthly Installments **AUTOMATICALLY DEDUCTED** on August 15, 2024, September 15, 2024, October 15, 2024, November 15, 2024, December 15, 2024, January 15, 2025, February 15, 2025, March 15, 2025, April 15, 2025, and May 15, 2025 if payment has not been received by this date.
- I DO NOT WANT MY TUITION AUTOMATICALLY DEDUCTED. This will ONLY be done if my payments are delinquent. I understand that I must complete the payment information below for delinquent payments.

PAYMENT INFORMATION

Please select one of the following options:

- ACH (Automatic Checking Account deduction):**

9-digit Routing Number	Bank Name
Account Number	Account Number

- Credit Card Information (If using Debit Card, please use ACH)**

Name on Card	Card Number
Expiration date	CVC number

I authorize Lutheran Central School to debit or charge m payments via ACH or credit card as outlined above. I further agree Lutheran Central School may process these payments as though I personally signed or initiated the debit or charge.

Name	Student(s)	
Address		
City	State	Zip
Email		
Authorizing Signature	Date	

Required and Recommended School Immunizations, Indiana 2024-2025



Updated 1.30.2024

Grade	Required	Recommended
Pre-K	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus and Pertussis) 3 Polio	Annual influenza COVID-19
K-5	1 Varicella (Chickenpox) 1 MMR (Measles, Mumps and Rubella) 2 Hepatitis A 2 Varicella 2 MMR 2 Hepatitis A	Annual influenza COVID-19
6-11	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	Annual influenza 2 or 3 HPV (Human papillomavirus) COVID-19
12	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	Annual influenza 2 or 3 HPV 2 MenB (Meningococcal) COVID-19

HepB: The minimum age for the third dose of Hepatitis B is 24 weeks of age.

DTaP: Four doses of DTaP/DTP/DT are acceptable if fourth dose was administered on or after the fourth birthday.

Polio*: Three doses of Polio are acceptable for all grade levels if the third dose was given on or after the fourth birthday and at least six months after the previous dose.

*For students in grades K-12, the final dose must be administered on or after the fourth birthday and be administered at least six months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12th grade. Parent report of disease history is not acceptable.

Tdap: There is no minimum interval from the last Td dose.

MCV4: Individuals who receive their first dose on or after their 16th birthday only need one dose of MCV4.

Hepatitis A: The minimum interval between first and second dose is six calendar months. Two doses are required for all grade levels.

For additional immunization information, visit: [in.gov/health/immunization](https://www.in.gov/health/immunization) or call **1 (800) 701-0704** during normal business hours.

Lutheran Central School
HEALTH HISTORY UPDATE

Student Name _____ Grade _____ Date of Birth _____
Physician _____ Physician's phone # _____

ALLERGIES:

List ALL ALLERGIES (medication, environmental, foods, insects, latex)

_____ REACTION that occurs if exposure occurs (rash, itching, swelling, hives, anaphylactic)

_____ CARE necessary if reaction occurs at school (ice, benadryl, epinephrine)

MEDICATIONS:

List all medications taken daily (include those that will not be administered at school)

MEDICAL CONDITIONS:

Please indicate by circling if your child has been diagnosed by a physician with any of the following conditions:

ASTHMA

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

BLEEDING CONDITION

BROKEN BONES List: _____

DIABETES MELLITUS

HEART CONDITION

HYPERTENSION (high blood pressure)

SEIZURE DISORDER

SKIN PROBLEMS (itching, rashes, acne)

CONTACT LENSES / GLASSES

USE OF ANY SPECIAL EQUIPMENT List: _____

HISTORY:

LIST PAST HOSPITALIZATIONS or SURGICAL PROCEDURES _____

HAVE YOU EVER HAD ANY MEDICAL CONDITIONS (such as: mononucleosis, anemia, etc. Please list) _____

DATE OF LAST TETNUS SHOT _____

OTHER:

LIST ANY OTHER HEALTH CONCERNS YOU HAVE FOR YOUR CHILD THAT YOU FEEL WE SHOULD KNOW: _____

I understand that it is my responsibility to notify the School Nurse of any medical changes in my child's health. I also understand that unless I request to update my child's health history information that this is the form that will remain on file throughout this school year. I understand that if my child has a medical condition or allergy indicated above that it would be necessary for me to provide updated information (such as an Asthma Action Plan, Diabetic Plan, Seizure emergency plan, etc.). I understand that this is confidential information and will only be shared with school staff members that work directly with my child to understand my child's health care needs at school and school sponsored events. I understand that in the event of reasonable unsuccessful attempts to contact my child's emergency contacts, I hereby give my consent for the administration of any emergency treatment deemed necessary. I also consent to release any additional necessary medical information to Joyce McKinney RN, School Nurse and / or Melissa Luedeman LPN Assistant School Nurse.

Signature of Parent/ Guardian _____ Date _____

Lutheran Central School
415 N Elm. St
Brownstown, IN 47220

I, _____, give Lutheran Central School, permission to release the following immunization and demographic information concerning my child, _____, to the Indiana State Department of Health's secure website CHIRP- Children and Hoosiers Immunization Registry Program. The CHIRP database is a valuable tool to securely store your child's immunization information for life and only authorized personnel can access this information. Having this information stored in one place makes it easier to apply to colleges and universities. It also helps prevent duplication of vaccine administration. Your child's immunization history may already be entered on the CHIRP database if he/she received immunization at a local health department or through a participating physician's office. To enter your child's immunization history on the CHIRP database we need the following information for your child.

Name: _____ Date of Birth: _____

Address: _____

Phone number: _____ Grade: _____

I understand that the information in the registry may be used to verify that my child has received proper and age appropriate immunizations and to inform me of my child's immunization status or that an immunization is due according to the ACIP recommended immunization schedule.

I understand that my child's information may be available to authorized personnel only of an immunization data registry of another state, a healthcare provider, a local health department, an elementary or secondary school, a child care center, the Office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed name of Parent or Guardian