

## 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 11th 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.)



**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, 2025 and January 15, 2026.

\_\_\_\_\_ we will be paying in four installments of \$293.75 or \$243.75 per child on or before August 15, 2025, October 15, 2025, January 15, 2026, and March 15, 2026.

\_\_\_\_\_ we will be paying in ten installments of \$117.50 or \$97.50 per child on or before August 15, 2025, September 15, 2025, October 15, 2025, November 15, 2025, December 15, 2025, January 15, 2026, February 15, 2026, March 15, 2026, April 15, 2026, and May 15, 2026.

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.

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

## **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 2024-2025 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 2024-2025 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 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, 2025**

<b>Due Date</b>	<b>One Installment</b>	<b>Two Installments</b>	<b>Four Installments</b>	<b>Ten Installments</b>
August 15, 2025	\$975	\$487.50	\$243.75	\$97.50
September 15, 2025				\$97.50
October 15, 2025			\$243.75	\$97.50
November 15, 2025				\$97.50
December 15, 2025				\$97.50
January 15, 2026		\$487.50	\$243.75	\$97.50
February 15, 2026				\$97.50
March 15, 2026			\$243.75	\$97.50
April 15, 2026				\$97.50
May 15, 2026				\$97.50

## 4-YR OLD PRESCHOOL

**\$150.00 Registration Fee along with the completed Registration Form due in the LC office before April 1, 2025**

<b>Due Date</b>	<b>One Installment</b>	<b>Two Installments</b>	<b>Four Installments</b>	<b>Ten Installments</b>
August 15, 2025	\$1,175.00	\$587.50	\$293.75	\$117.50
September 15, 2025				\$117.50
October 15, 2025			\$293.75	\$117.50
November 15, 2025				\$117.50
December 15, 2025				\$117.50
January 15, 2026		\$587.50	\$293.75	\$117.50
February 15, 2026				\$117.50
March 15, 2026			\$293.75	\$117.50
April 15, 2026				\$117.50
May 15, 2026				\$117.50

**LUTHERAN CENTRAL SCHOOL – Tuition Payment Agreement Form**  
**\$1,175.00 (4-year old); \$975.00 (3-year old) for 2025-26**

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 2025-26 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, 2025 and January 15, 2026 if payment has not been received by this date.
- Four Installments **AUTOMATICALLY DEDUCTED** on August 15, 2025, October 15, 2025, January 15, 2026, and March 15, 2026 if payment has not been received by this date.
- Monthly Installments **AUTOMATICALLY DEDUCTED** on August 15, 2025, September 15, 2025, October 15, 2025, November 15, 2025, December 15, 2025, January 15, 2026, February 15, 2026, March 15, 2026, April 15, 2026, and May 15, 2026 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

- 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 my 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 2025-2026



Indiana  
Department  
of  
Health

Updated 11.12.2024

Grade	Required	Recommended
<b>Pre-K</b>	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus and Pertussis) 3 Polio	1 Varicella (Chickenpox) 1 MMR (Measles, Mumps and Rubella) 2 Hepatitis A  Annual influenza COVID-19 Haemophilus influenza B Pneumococcal conjugate
<b>K-5</b>	3 Hepatitis B 5 DTaP 4 Polio	2 Varicella 2 MMR 2 Hepatitis A  Annual influenza COVID-19
<b>6-11</b>	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria and Pertussis)  Annual influenza 2 or 3 HPV (Human papillomavirus) COVID-19
<b>12</b>	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 2 MCV4 1 Tdap  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 12<sup>th</sup> 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 16<sup>th</sup> 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.



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please circle any that apply to your student and explain below.

Allergies:

- Bees/Insects
- Latex
- Food
- Medication
- Seasonal/Environmental
- \*Epi Pen? (with nurse/with student)

Behavioral/Psychological:

- ADD/ADHD
- Anxiety or Depression
- Autism
- Conduct Disorder
- PTSD
- Other:

Vision:

- Wears Glasses
- Wears Contacts
- Blindness
- Color Blindness
- Other:

Bowel/Digestive:

- Irritable Bowel Syndrome
- Crohn's Disease
- Bowel Incontinence

Cardiovascular:

- High Blood Pressure
- Heart Murmur
- \*Any Restrictions?

Endocrine:

- Type 1 Diabetes
- Type 2 Diabetes
- Other:

Hearing:

- Hearing Impairment
- Wears Hearing Aids

Musculoskeletal:

- History of Fractures
- Other:

Neurological:

- Migraine
- Headaches
- History of Concussion
- Seizure Disorder

Respiratory:

- Asthma/Reactive Airway
- \*Inhaler? (with nurse/with student)

Urinary:

- Urinary Incontinence
- History of Urinary Infections

Blood:

- Anemia
- Hemophilia
- Sickle Cell Anemia

Explain any circled concerns: \_\_\_\_\_

Medications(list ALL medications taken- at home and/or at school): \_\_\_\_\_

The school will act based on information provided here. It is expected that this form is accurate, complete and any changes will be reported as soon as possible. I give permission for this information to be shared with school staff on a need to know basis. The information provided will be treated as confidential and protected. I understand that in the event of reasonable attempts to contact myself or my child's emergency contacts have been unsuccessful, I give my consent for emergency medical treatment deemed necessary. I understand that I am financially responsible for any medical care or transportation costs. I release and agree to hold the Board of Trustees, its officials and it's employees harmless from all liability for damages or injuries. I also consent to the release of any additional medical information to the school nursing staff.

Parent/Guardian's Signature: \_\_\_\_\_ 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