



“TRAIN A CHILD IN THE WAY HE SHOULD GO, AND WHEN HE IS OLD HE WILL NOT TURN FROM IT: (PROVERBS 22:6)

# APPLICATION FOR ADMISSION

IMMANUEL LUTHERAN SCHOOL EARLY CHILDHOOD EDUCATION  
1440 CORTLANDT ST.  
HOUSTON, TEXAS 77008

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713-861-8787

# APPLICATION FOR ADMISSION

## NEW STUDENTS

1. Complete this two page application. PLEASE PRINT OR TYPE.
2. Obtain a **copy** of the student's current complete Immunization Record is due with application **or \*if registering for the new school year, at Registration Paperwork Day held in July.**
3. Obtain a **copy** of the student's Birth Certificate. This must accompany the application
4. The birth certificate (\*immunization/ SEE ABOVE) **must accompany** your application along with the registration fee to the office before your child will be enrolled.



## MISSION STATEMENT

*Immanuel – God with us*

*Loving God – Loving Neighbors – Serving Others*

### AS PARENTS INTERESTED IN CHRISTIAN EDUCATION. IT IS MY SINCERE PROMISE WITH THE HELP OF GOD TO ADHERE TO THE FOLLOWING:

1. That, I will cooperate with and assist in the religious training of my child.
2. That, if I am a member of Immanuel, I will regularly support the ministry of the church and school and I will make my offerings at least equal with full tuition rate.
3. That, if I am a member of another Christian denomination, I will abide by the teachings of Christian principals as set forth in God's Holy Word and the doctrines of the Lutheran church – Missouri Synod.
4. That, if I am not an active member of a Christian Congregation, I will display an openness to the teaching and preaching of God's Word and encourage my child(ren) to do the same. This includes a sincere effort on my part to be consistent with teachings of the Christian church, to bring my child to Sunday School and worship Services at Immanuel Lutheran Church, and to attend an adult information course led by the pastor at the school dealing with the teachings of the Lutheran Church.
5. That, if I am remiss in any of the aforementioned promises, I will be willing to counsel with the Immanuel Lutheran Day School Board or their designee upon request.

### NOTICE OF NON-DISCRIMINATORY POLICY

Immanuel Lutheran School admits students of any race, color, national or ethnic 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 race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship, athletic, or other school-administered programs.



## STUDENT INFORMATION

Start Date: \_\_\_\_\_ **CLASSROOM AGE BY Sept 1** (Circle One) Toddlers(18 mo)...Two(2)...PS(3)...PK(4)  
(Circle One) **Five Day Program Times All Day** 6:30 – 6:00, **School Day** 8:00 – 3:00, **Half-Day** 8:00 – 11:30  
(Circle One) **MDO Morning T, TH or M, W, F** 8:00-11:30 **MDO Extended T, TH or M, W, F** 8:00-2:00

### CHILD

CHILD'S NAME \_\_\_\_\_ SEX (CIRCLE ONE) M F DATE OF BIRTH \_\_\_\_\_

CHILD'S HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### LEGAL GUARDIAN (S) /PARENTS All official correspondence will be mailed to Legal Guardian(s) only

NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD'S ADDRESS) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### PARENTAL INFORMATION

FATHER'S NAME \_\_\_\_\_ DL# \_\_\_\_\_ HOME # \_\_\_\_\_

CELL # \_\_\_\_\_ WORK # \_\_\_\_\_ OCCUPATION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ DL# \_\_\_\_\_ HOME# \_\_\_\_\_

CELL# \_\_\_\_\_ WORK# \_\_\_\_\_ OCCUPATION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

STEP-PARENT (S) NAME \_\_\_\_\_ DL# \_\_\_\_\_ HOME # \_\_\_\_\_

CELL# \_\_\_\_\_ WORK# \_\_\_\_\_ OCCUPATION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

LIST OF SIBLING(S): NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### EMERGENCY INFORMATION (Other than Parents)

NAME \_\_\_\_\_ HOME # \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ WORK # \_\_\_\_\_

### BILLING INFORMATION (If Different from Legal Guardian (s))

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

**GENERAL INFORMATION**

Does your child have any physical limitations or special health conditions of which we need to be aware of?

YES NO If so, please explain\_\_\_\_\_

Has your child been tested /evaluated or diagnose with any learning difficulties/disabilities?

If so, please explain\_\_\_\_\_

Has your child been suspended or asked to leave any school?

If so, please explain\_\_\_\_\_

Is your child eligible to return to all previously attended schools? YES NO

Name of last school attended\_\_\_\_\_

Why do you want your child to attend Immanuel Lutheran School?\_\_\_\_\_

How did you learn about our school?\_\_\_\_\_

**RELIGIOUS INFORMATION**

Are you (the family) active members of a local church? YES NO

If so, which Church?\_\_\_\_\_Denomination\_\_\_\_\_

Is student baptized? YES NO DATE\_\_\_\_\_

Would you like to learn more about Immanuel Lutheran Church? YES NO

May someone visit you about this? YES NO

**CONTRACTUAL AGGREEMENT**

We, the undersigned agree to fulfill all financial obligations and agree to adhere to the policies and regulations as required by Immanuel Lutheran School

- A. Tuition in arrears may be assessed a service charge until paid in full.
- B. Enrollment and attendance is contingent on being current with payment of all fees, charges and tuition.
- C. Part due and uncollected tuition, fees, and charges plus 40% collection fee will be submitted for collection through an appropriate agency.

We understand that in the event of withdrawal from school by the student, or dismissal by the school, the following schedule will be in effect:

- A. All fees are non-refundable
- B. A one month notice needs to be given on the end date of enrollment
- C. Tuition shall be charged through the end of the month in which the student is enrolled.

**PERMISSION RELEASE**

In the event that either I or the person I designated to be called in case of an emergency cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize school personnel to call an ambulance.

I do hereby release Immanuel Lutheran School, Houston, from any and all claims of liabilities of whatever nature, individually or collectively, that might arise from the normal operations within the school, including off campus and extended care school sponsored activities.

**I HEREBY ACKNOWLEDGE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**PARENT OR LEGAL GUARDIAN\_\_\_\_\_DATE\_\_\_\_\_**



## REGISTRATION FEES (PER STUDENT) 2017-18 SCHOOL YEAR

5 Day Programs–Toddler thru Pre-Kindergarten 18 Months thru 4 Yrs. Old	\$325.00
Mother’s Day Out Program- Toddler thru Pre-School 18 Months thru 3 Yrs. Old	\$200.00

### PROGRAMS FEES AND PAYMENT OPTIONS

PROGRAMS		10 monthly payments Beginning on Paper Registration Day in July	FULL TUITION One Payment  5% discount if paid by first day of school
ECE ½ Day 8:00 am – 11:30 am	5 days	\$630	\$5,985.00
ECE School Day 8:00 am – 3:00 pm	5 days	\$882	\$8,379.00
ECE All Day 6:30 am – 6:00 pm	5 days	\$1044	\$9,918.00
Mother’s Day Out 8:00 am – 11:30 am	2 days – T, TH	\$315	NA
	3 days – M,W,F	\$435	NA
Mother’s Day Out - Extended 8:00 am – 2:00 pm	2 days – T, TH	\$446	NA
	3 days – M,W,F	\$631	NA

**Pre-School 3 Yrs old Mother’s Day Out Program:** This is a MWF program choice only.

**Family Discounts:** Second child in a family attending Immanuel receives 10% off tuition. Family discounts apply only to the 5-day programs.

**Other Fees:** An Activities Fee of \$175.00 and Security Fob Fee of \$10.00 (each) are due on Paper Registration Day on July 20, along with the first month’s tuition.

**IMMANUEL ECE OFFERS YEAR ROUND PROGRAMS**