



“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 Clearly OR TYPE.
2. A **copy** of the student's Birth Certificate **must** accompany the application.
3. A **copy** of the student's current complete Immunization Record is due each year at the **Paper Registering Day for the new school year held in July** or if registering after this date with application.



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 8:00-3:00

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**_____



2018-19 SCHOOL YEAR

REGISTRATION FEES (PER STUDENT)

Registration Fee: \$325.00

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 Paper Registration Day
ECE ½ Day 8:00 am – 11:30 am	5 days	\$660	\$6,270.00
ECE School Day 8:00 am – 3:00 pm	5 days	\$925	\$8,787.50
ECE All Day 6:30 am – 6:00 pm	5 days	\$1095	\$10,402.50
Mother's Day Out 8:00 am – 11:30 am	2 days – T, TH	\$330	NA
	3 days – M,W,F	\$455	NA
Mother's Day Out - Extended 8:00 am – 3:00 pm	2 days – T, TH	\$530	NA
	3 days – M,W,F	\$755	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 in July, along with the first month's tuition.

(All Fees Non-Refundable) IMMANUEL ECE OFFERS YEAR ROUND PROGRAMS