



Good Shepherd Lutheran School & Child Development Center



Registration Packet



Good Shepherd Lutheran School & Child Development Center



Dear Parents/Guardians:

Congratulations on choosing one of the best schools in the Northeast Los Angeles area. We are very pleased that you are part of our education program at Good Shepherd. Good Shepherd pledges its best efforts to continue this excellent program of education for your family. Good Shepherd students continue to score one to two grades levels above their current grade on standardized tests. This academic excellence is evidence of the effectiveness of our high standards and programs.

Good Shepherd has lowered Materials Fees for its 50th Anniversary Special. Material Fees are now only \$50 instead of \$90. A **\$40 savings**. We have a student choir that offers music for the congregation each School Sunday, a movement education program for pre-school – 6th grades, a 1-6th grade computer education program in our updated lab. Check out the remodeled library, and the downstairs is bright and beautiful . . . check out the art display there. Thanks to grants, fundraisers, and hard working PTF parents, improvements to our site and our programs are continuing.

Good Shepherd is processing Registration for the next school year. It is vital for planning and preparation of classes that we obtain accurate information as soon as possible of the numbers we can expect in each class. We seek your immediate cooperation in this and in the recruitment of other students for our school. The standard registration fee is \$350.00. Those families that complete the registration process **before May 15** **receive a \$100.00 savings** for a registration fee of **\$250.00**. All forms, including the tuition contract, must be signed and returned to receive this discount. Registration fee is non refundable. The registration fee for those completing the forms and the payment after May 15th is \$350.00.

Tuition for Kindergarten through 6th for the school year will be \$4000.00/year or \$400.00/month. Fees for day care services are listed on the enclosed rate schedule. Child Development Center fees are posted separately. Tuition paid monthly is due in advance throughout the school year. This means that TUITION is always DUE ON THE 25th of the preceding month. There is a \$20.00 late fee for tuition payments received after the 1st of the current month. There is a \$30.00 fee charged for all checks returned by the bank, in addition to the \$20.00 late fee.

New Student Recruitment Incentive: Show others what an excellent school your child goes to and encourage them to attend Good Shepherd Lutheran School. If you recruit a new student and they remain a minimum of **three months**, you will receive **one month's free tuition**. It will be applied to your next month's tuition.

Please read the entire contract carefully. If you have questions, you can discuss them with the secretary, the board president or myself. We are looking forward to continuing this partnership in the education of your child.

**Blessings to you,
Ms. Laurin Boadt, Principal**



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Schedule of Fees

All Fees are Non-Refundable.

| <u>Annual Fees</u> | <u>New Student</u> | <u>Returning Student</u> |
|--|--------------------|---|
| Registration | \$350.00 | \$250.00 (Before May 1) \$350.00 (After May 1) |
| Materials Fee (50 th Anniversary Special) | \$50.00 | \$50.00 |

Tuition: (50th Anniversary Special — half off your other children)

| | <u>Year</u> | <u>Month</u> |
|--|-------------|--------------|
| Kinder – Sixth (8:30am-3:00pm, 5 days/wk) | \$4000.00 | \$400.00 |
| Two Students (K-6 th , immediate family only) | \$6000.00 | \$600.00 |
| Three or more Students (K-6 th , immediate family only) | \$8,000.00 | \$800.00 |

Daycare: (Per child) Includes all programs like tutoring, 4-H, art & music. Daycare fees do not include additional materials fees for special activities.

Good Shepherd Students

| | |
|---------------------------------------|---|
| Hourly | \$5.00 (per hour) |
| Morning (7-8:30 am, 5 days/wk) | \$105.00/mth/child Save \$45 |
| Afternoon (3-6 pm, 5 days/wk) | \$210.00/mth/child (includes early dismissal) Save \$90 |
| Combo (7-8:30 am & 3-6 pm, 5 days/wk) | \$300.00/mth/child (includes early dismissal) Save \$150 |

Non Good Shepherd Students *, **

| | |
|---------------------------------------|--------------------------------------|
| Hourly | \$6.00 (per hour) |
| Morning (7-8:30 am, 5 days/wk) | \$150.00/mth/child Save \$30 |
| Afternoon (3-6 pm, 5 days/wk) | \$300.00/mth/child Save \$60 |
| Combo (7-8:30 am & 3-6 pm, 5 days/wk) | \$400.00/mth/child Save \$140 |

* Non Good Shepherd Families are responsible for dropping off and picking up children

** Packages must be paid in advance, Hourly fees must be paid every Friday. Drop in children welcome.

- Tuition is paid in advance and is due on the 25th of the preceding month.
- \$20.00 late fee is assessed on tuition paid after the 1st of the current month.
- \$30.00 returned check fee will apply on all returned checks.
- A fee of \$1.00 per minute will be charged for any child who is picked up after 6:00 pm. Must be paid to Good Shepherd Lutheran School at time of pick up.

Above fees do not include class trips or special events. All payments should be made out to Good Shepherd Lutheran School. Remit all payments to: Good Shepherd Lutheran School, 6338 North Figueroa St., Los Angeles, CA 90042

Eagle Rock/Highland Park 4-H Club on campus has project meetings twice per week. See Mrs. Pelling for more details.



Good Shepherd Lutheran School & Child Development Center

Registration & Tuition



School Year 20_____

New Student

Returning Student

Student Name _____
First Middle Last

Grade entering _____ Date of Birth _____

Student Name _____
First Middle Last

Grade entering _____ Date of Birth _____

If parents are divorced, copies of legal proof of custody restrictions, if any, MUST be attached.

Mother/Legal Guardian/Other (circle one)

Name _____

Address _____

City, State, Zip _____

Evening Phone _____

Day Phone _____

Occupation _____

Employer _____

Address, City, Zip _____

Phone _____

E-Mail _____

Father/Legal Guardian/Other (circle one)

Name _____

Address _____

City, State, Zip _____

Evening Phone _____

Day Phone _____

Occupation _____

Employer _____

Address, City, Zip _____

Phone _____

E-Mail _____

Name of Person responsible for tuition payments _____ Phone _____

School Sunday is the 3rd Sunday of Month. School Sunday is part of the Curriculum; attendance is required. We will attend. (signature) _____ (date) _____

Registration & Tuition Schedule and Payment Options

Registration per student \$350 x _____ = _____ Materials Fee \$50.00 _____

Tuition for school year 1st student \$4000.00 or \$400/month _____

Two students from the same immediate family \$6,000 _____

Three or more in same immediate family \$8,000 _____

Day Care Fees (see Schedule of Fees) \$5.00/hour: _____ hours or package _____

Total Fees \$ _____ Date _____ Signature: _____



Good Shepherd Lutheran School & Child Development Center

Good Shepherd Tuition/Daycare Contract & Parent Support Statement for school year 20____

I agree to comply with all terms and regulations adopted by Good Shepherd Lutheran School and to be bound by the school to pay all tuition/daycare fees required in accordance with the financial policy of the school.

I understand and agree to my obligation to pay the full tuition and daycare fees as set forth in this contract so long as my child remains enrolled in Good Shepherd Lutheran School, regardless of extended absences. I understand my failure to pay tuition/daycare fees within the specific dates may result in the immediate cancellation of my child's enrollment, unless special arrangements are made and accepted by the principal and the school board.

I understand tuition payments are due the 25th of the preceding month. A late charge of \$20 will be assessed if payment is received after the 1st. Any unpaid balances are subject to collection costs and other fees. Any exception to this agreement must be requested in writing, for review by the Principal and school board, in advance of any deadline.

I understand I will be charged a \$30.00 fee for any returned check issued by me. I also understand that if any two (2) checks issued by me are returned, I will be required to make all future payments with a cashier's check, money order or cash.

I understand that I will be charged \$1.00 per minute after 6:00 pm if I do not pick up my child from Daycare. I understand I am required to pay this in cash at the time of the incident.

I understand all tuition and registration payments are non refundable.

I understand that this contract may be terminated by the school board upon notice to me for my failure to fulfill this agreement, my lack of cooperation, for continued failure to comply with school standards and regulations, or by my withdrawing my child from the school, in which case I am required to make full payment for the month in which I withdraw my child.

This contract shall become an effective agreement between the school and me upon acceptance of my child. If it becomes necessary for the school board to act upon this contract, I agree to pay, in addition to the tuition and fees set forth herein, all costs of legal and collections fees. I agree that Good Shepherd Lutheran will withhold all report cards and other curriculum until all past due balances are current.

I further understand that the students(s) will participate in the total general curriculum for his/her grade, and in all programs, activities and chapel assemblies designated for the student body. I understand that Good Shepherd Lutheran School is a "Christian Day School" owned and sponsored by the Lutheran Church of the Good Shepherd, as such operates as a program with a distinct Christian theme and approach.

I will support Good Shepherd Lutheran School.

I will take an active role in my/our child education. This will include following through with homework assistance, special work, slips that need to be signed, and attendance at School Sunday services.

I will encourage my/our child to comply with all school regulations and standards (example: dress code, tardiness, absences).

I understand that the school retains the right to dismiss any student who does not respect its standards or cooperate in the school's academic program.

I agree to abide by all Good Shepherd Lutheran School rules and regulations.

I will immediately notify the School Office of any changes in address, phone numbers, employment, or emergency phone numbers.

I agree to support the Good Shepherd PTF and its activities by volunteering 20 hours of time and talent.

I have read, understand and agree to the above agreement in regard to tuition and parent responsibilities.

Signature(s) of Parent(s) or

Date

Signature of Parent or Responsible Party

Date



Good Shepherd Lutheran School & Child Development Center

Parent Volunteer Hours

It is expected that each family will volunteer at Good Shepherd Lutheran School 20 hours per school year. Your statement at the beginning of the year will reflect a charge of \$200.00 for volunteer hours. Each hour that a parent or guardian volunteers at the school, the family will be credited \$10.00 per hour. After 20 hours of volunteer assistance, the \$200.00 charge will be cleared off of your account. If hours are not completed by May 1st, a payment of the remaining hours becomes due at \$10.00 per hour.

There are many opportunities for service at Good Shepherd Lutheran. Opportunities include:

- _____ Help with the Hot Lunch program
- _____ Work the Harvest Festival
- _____ Volunteer for the Christmas Program, International Day/Dinner, Dr. Seuss Week, or Talent Show
- _____ Cut out supplies for Arts & Crafts
- _____ Work in the library or computer lab
- _____ Work on Yearbook
- _____ Drive or Chaperone Student Field Trips
- _____ Help with Maintenance around school
- _____ Assist with the Garden
- _____ Act as classroom aide
- _____ Play the piano for music class or church
- _____ Volunteer to supervise Daycare one day a week.
- _____ Volunteer to distribute Flyers and Postcards
- _____ Answer phones or docent for tours of the school
- _____ Check with the office, Parent Teacher Fellowship (PTF), classroom teacher for additional opportunities.

Be sure to sign in the office when you volunteer. Check you next monthly statement to see that it reflects hours served. It is your responsibility to ensure credit for volunteer hours.

I understand the policy set forth by Good Shepherd Lutheran School in regard to volunteer hours. I will complete 20 volunteer hours by May 1st of the current school year. Otherwise I am responsible to pay the remaining balance.

Print Student Name _____ Print Parent Name _____

Parent Signature _____ Date _____



Good Shepherd Lutheran School & Child Development Center

Day Care Information & Emergency Authorization

Student's Last Name First Name Sex M/F Grade D.O.B.

Student's Last Name First Name Sex M/F Grade D.O.B.

Street Address City, Zip Home Phone Day Phone

Father's Name Phone Cell Phone

Mother's Name Phone Cell Phone

In case of accident or injury I expect Good Shepherd Lutheran School to follow policy during school and extended care hours. In case you are unable to reach me during any emergency, you are authorized to contact and, if necessary, release my child to any of the following: (I understand that my child will not be released to anyone than those listed below)

Name Relationship Phone number

Name Relationship Phone number

Name Relationship Phone number

In the event of emergency, I hereby give my permission and consent for my child to be treated at an emergency hospital and release the school and driver from any liability. I grant full authority to the principal or staff member in charge to order emergency medical treatment as recommended by competent medical authority. _____ Initials

Name of Doctor Address Phone

Name of Insurance Insurance Number Phone Number

Medication to be taken during school hours must be brought to the school office along with the written consent from the parent or guardian. Medications must be clearly labeled with the student's full name, doctor's name and phone number, name of medication, dosage and schedule. Aspirin or Tylenol will be administered to student only if written consent has been given. I wish to give authorization to give Tylenol or Aspirin. ____ Yes ____ No.

Please list any food allergies for your child, or write None. _____

I agree to all of the above: _____
Parent/ Guardian Signature Date



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Lutheran Church of the Good Shepherd Information

_____ I would like to have a meeting with the pastor.

_____ I would like to know more about the Good Shepherd worshipping community and the Lutheran faith.

_____ I am interested in having my child baptized.

School Sunday is the 3rd Sunday of Month. School Sunday is part of the Curriculum; attendance is required. We will attend.

Name _____

Student Name _____

Signature _____ Date _____