

Christ The King Lutheran School Registration Worksheet

Kindergarten – 8th Grade

PLEASE RETURN THIS CONTRACT FOR EDUCATIONAL SERVICES ALONG WITH THE **NON-REFUNDABLE REGISTRATION FEE**. TO RESERVE A SEAT FOR YOUR CHILD, THIS FORM MUST BE COMPLETED WITH ALL FEES PAID IN FULL.

MOM: _____ CELL #: _____

DAD: _____ CELL #: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

MOM EMAIL: _____ DAD EMAIL: _____

STUDENT NAME: _____ GRADE: _____ DOB: _____

STUDENT NAME: _____ GRADE: _____ DOB: _____

STUDENT NAME: _____ GRADE: _____ DOB: _____

STUDENT NAME: _____ GRADE: _____ DOB: _____

Tuition(per student):

Annual tuition \$4,000 (\$3,000 Half Day Kindergarten)
 Payments are \$400 (\$300) per month over 10 months.
 Payments are due the 10th of the month, July through April.

Payments:

Tuition payments can be made on-line from your checking or savings account. Debit or credit card may be used for a 3% Transaction Fee. To make an on-line payment go to www.ctksouthgate.org and select "Online Payment". Check or money order should be made payable to "Christ The King School" and can be submitted to the Day Care/Preschool office or CTK school office at 15600 Trenton Road, Southgate.

Registration Forms:

Please complete the attached forms and return with the registration fee to the school office to secure your child's enrollment.

Registration fees: \$ _____

Total: \$ _____

Registration Fee Chart

Full Day Kindergarten:	\$409
1st/2nd:	\$397
3rd/4th:	\$403
5th-7th:	\$423
8th:	\$438

Office Use Only:		Date rec'd: _____
Cash	Credit/Debit	Check #: _____
Amount rec'd: _____		Initials: _____
Discounts or Scholarships:		

Referred by: _____



CHRIST THE KING LUTHERAN SCHOOL

TUITION & FINANCIAL POLICY

TUITION & FINANCIAL POLICY

We are grateful to you as parents for the sacrifice you make to send your children to our school. The tuition rates are based on the cost it takes to provide each student with a quality education that is centered on Christ.

In order for the school to meet our financial obligations, it is imperative that our families fulfill their financial commitments.

All tuition payments are due on the 10th of every month unless special arrangements have been made with our financial counselor.

Failure to meet financial commitment will be handled on a case-by-case basis. If you anticipate an issue in which you will be having some financial changes within your household, please let our financial counselor know so accommodations may be made. However, consistent delinquent tuition payments may result in withdrawal of the student from the school.

If a family fails to make their monthly payments by the last day of the current month, the student could be asked to be withdrawn until their account is current.

REFUNDS AND WITHDRAWAL POLICY:

Registration fees are NON REFUNDABLE for any reason including but not limited to, denial of a student's registration.

Because tuition reflect purchases and staffing for the year, no refunds will be issued.

If a student is asked to leave for any reason, no refund will be given.

REFUNDS AND WITHDRAWAL POLICY:

No refund will be given for any portion of a month's tuition if the student attends one day of the month.

Those families who chose to withdrawal from our school must have their accounts paid in full in order for records and transcripts to be sent to requesting school. There are no exceptions to this rule.

The school reserves the right to amend the refund policy based on families who experience extenuating circumstance resulting in withdrawal.

****Retain this copy for your records****



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I have read and understand this policy.

Parent Signature: _____

Parent Signature: _____

Name: _____
(printed)

Name: _____
(printed)

Date: _____

Date: _____



CHRIST THE KING LUTHERAN SCHOOL AUTHORIZATION OF MEDICATION

It is the policy of Christ The King Lutheran School in compliance with Michigan Compiled Laws Act 380-1178, to have written authorization for a student taking prescribed and over the counter medication during the school day. This information will be handled in a confidential manner. Please complete the form below:

Over-the-counter Medications:

I hereby advise school personnel that the student named below is allowed to take the following over-the-counter medication for general pain (headache, braces etc) during school hours.

_____ Jr. Motrin _____ Roloids _____ Tylenol _____ Advil
_____ Jr. Tylenol _____ cough drops _____ Motrin _____ Midol

Dosage (if other than directed): _____

_____ Please call prior to the distribution of this medication. Phone number: _____

If not checked, we will take this form as authorization to dispense only medication listed above.

Prescribed Medications:

I hereby advise school personnel that the student named below is to take the following prescribed oral medication during the school hours according to the physician's directions.

Name of Medication: _____

Dosage: _____

Time to be Administered: _____

For Period: _____ to: _____
(Date) (Date)

Reason for medication (diagnosis, anticipated effect):

Possible reactions or symptoms:

Student's Name: _____

Parent's Signature: _____ Date: _____



CHRIST THE KING LUTHERAN SCHOOL
INTEREST INVENTORY AND VOLUNTEER SURVEY

Each year many of the programs require volunteers. We realize that many parents work; however, the success of each event depends on parents lending a hand. We encourage you to prayerfully consider giving of yourself so others may benefit. Within our school program, we work to develop a close relationship between home, school and church. We believe that this unity in philosophy, in spirit, and in effort will translate into a better program for each of our families, and at the same time give you the opportunity for meaningful involvement in this area of the church's ministry.

We are asking that each family volunteer for at least one role for the next school year. Many of these roles can be done in a short time period. In addition, some of them can be done at home, after school and during school hours. Please indicate your interest in serving in any of the following areas.

NAME _____ Phone Number _____

Christmas Program: Help with a variety of roles associated with the annual children's Christmas program.

- _____ Bleacher Parent (assist students in bleachers for all performances)
_____ Costumes _____ Scenery & Props

CLASSROOM – Please indicate your interest in serving in any of the following areas by marking the grade level(s) with which you would like to work.

- _____ Reading group leader – work with a small reading group.
_____ Story reader, for a lower grade class. Class preference: _____

Coaching or assisting the coach

- _____ Girls Volleyball (end of August through mid-October)
_____ Cross Country (end of August through beginning October)
_____ Soccer (end of August through mid-October)
_____ Boys basketball (November through January)
_____ Cheerleading (November through January)
_____ Girls basketball (January through mid March)
_____ Track (April through early June)
_____ Softball (April through May)
_____ Concession Coordinator

Library Volunteer: Assist students in selecting & checking out books. One hour per week per class.

Please indicate below which days you are available and class preference.

- _____ Day of the week available
_____ Class preference, if any

Room Parent: Help arrange for special occasions such as parties, and outings for the class.

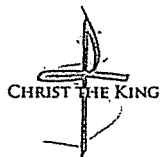
- _____ Class preference: _____

Parent Group: Help plan and run different activities for the school.

- _____ Yes I would love to be part of the parent group

Special Events:

- _____ Auction & Dinner/Dance
_____ Spaghetti & Fish Fry Dinner Assistant
_____ Daddy-Daughter Dance
_____ Craft & Bake Gala
_____ Craft & Bake Gala – Kitchen Coordinator
_____ Kid's Only Gift Shoppe



CHRIST THE KING LUTHERAN SCHOOL FUND RAISING PROGRAMS

Our mandatory school wide fundraisers are Craft & Bake Gala and the Scrip Program.

Craft & Bake Gala: Each family bakes and donates 6 dozens homemade for CTK's Craft & Bake Gala in November. Cookies must be homemade. By law, we cannot re-sell cookies purchased from bakeries or supermarkets.

Scrip Program: Each family must profit \$150(K-8)/\$100 (preschool) through the purchase of scrip (gift cards). CTK purchases the cards at a percentage discount and sells them for face value. You use it like cash at your favorite stores. The school keeps the percentage (anywhere from 1.5% to 28% on the dollar) and this amount is applied to your scrip account. (Example: if each month you purchase \$350.00 of Meijer gift cards at 4%, profit would be \$140.00 after 10 months).

The Scrip buying cycle for the school year runs from May 1 – April 30. A statement will be sent home with your student in May summarizing your scrip earnings.

Scrip is very easy to use, and what makes it great is that there are no additional monies out of your pocket. This is money you would normally spend.

You can purchase scrip either by ordering on line or placing an order in the school office. If you plan to purchase the same scrip each month, we suggest you complete a "standing order". This will then assure that the scrip is here when you need it. To order on line go to www.shopwithscrip.com and register. Our enrollment code is ELDFE719887.

Payment at the time of order is appreciated. Unpaid orders are returned to stock after 3 weeks. Limited quantities of local scrip (i.e. Walmart, Meijer, gas cards, area restaurants) are kept in stock. Please place an order to ensure that we have the scrip you need.

If you want to purchase scrip and have it sent home with your student you must complete a waiver form. These are available upon request. With the waiver you can order your scrip on-line, send in your payment and we will then send the scrip home with your student.

We strongly encourage you to participate. At the end of the school year if you have exceeded your required profit (\$150.00 for K-8th or \$100.00 preschool) you will receive 50% back to be used in anyway you wish (tuition, registration or for scrip).

You have the option to participate or pay out of the Scrip Program.

Any other questions, please contact the school office at (734) 285-9697.

Please complete this form indicating whether you will be participating in the Scrip. If you choose not to participate, please attach a check for \$150.00 for families of Kindergarten through 8th Graders, or \$100.00 for preschool and Young 5s families.

_____ Yes, I will be participating in the Scrip program. I understand that I must profit the school \$150(Kindergarten - 8th Grade) \$100 (Preschool)

_____ No, I will not be participating in the Scrip program.
_____ Enclosed is a check for \$150.00 (Kindergarten-8th)
_____ Enclosed is a check for \$100.00 (Preschool)

Parent's Signature: _____ Parent's Name: _____
(Please Print)

Student's Name: _____
(Please Print)



CHRIST THE KING LUTHERAN SCHOOL LUNCH ASSISTANCE FORM

NAME: _____

CELL PHONE NO: _____ EMAIL: _____

Each family will be required to work a minimum of **four (4) times** in the kitchen. If you choose not to work this program, you must pay a \$160 fee.

If you have not scheduled your work days by January 1 your account will be charge the \$160 fee.

We realize that you may not know your schedule a year in advance. We are asking however, that you give us days of the week availability or your best guess of specific dates you may be available throughout the school year. When the master schedule is published in August please mark your personal calendar for the dates you are scheduled to work. If you cannot work one of your scheduled days please try to switch with another parent on the calendar and notify the school office of the change.

Please check which days of the week you would prefer to work:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Please list specific dates you wish to work or scheduling restrictions, which would affect the days, you are scheduled.

The Lunch Assistant Calendar will be available on-line at ctksouthgate.org.

If you do not come in on your scheduled day and have not arranged for a substitute, you will be charged a 'no show' fee. The fee schedule is as follows: 1st no show \$40, 2nd \$45, 3rd \$50 and 4th \$55. The only exception to this is for illness of you or your child.

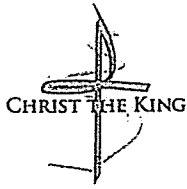
Your scheduled workday will be posted on www.ctksouthgate.org as well as in our weekly parent note. A reminder email will be sent for the next month.

If you would like your name on the emergency substitution list (usually only able to give you an hour or less notice), please check here _____. Once you have completed the required days in the kitchen, you would receive \$35.00 to work as a substitute.

OR:

_____ I will not be working the lunch program. My check/credit/cash for \$160.00 is attached.

<u>For Office Use Only</u>	Scheduled	Worked	Reschedule Date	Worked
_____	_____	Y N	_____	Y N
_____	_____	Y N	_____	Y N
_____	_____	Y N	_____	Y N
_____	_____	Y N	_____	Y N



**CHRIST THE KING LUTHERAN SCHOOL
FOOD VOLUNTEER REPORTING AGREEMENT**

The purpose of this agreement is to ensure that lunchroom workers notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of food borne illness.

I AGREE TO REPORT TO THE PERSON IN CHARGE:

FUTURE SYMPTOMS AND PUSTULAR LESIONS:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small).

FUTURE MEDICAL DIAGNOSIS:

Whenever diagnosed as being ill with typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp.), *Escherichia coli* 0157:H7 infection (*E. coli* 0157:H7), or hepatitis A (hepatitis A virus).

FUTURE HIGH-RISK CONDITIONS:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, *E. coli* 0157:H7 infection, or hepatitis A.
2. A household member diagnosed with typhoid fever, shigellosis, illness due to *E. coli* 0157:H7, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, *E. coli* 0157:H7, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the Food Code and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnosis, and high-risk conditions specified.
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my working with the program and may involve legal action against me.

Parent Name: (please print) _____

Parent Signature: _____ Date: _____

Signature of Supervisor: _____ Date: _____

CHRIST THE KING LUTHERAN SCHOOL

VOLUNTEER RECESS PARENT FORM

Dear Parents,

Many of you are aware of the need to recruit volunteer help for recess supervision. We encourage you to consider giving an hour of your time, now and then, in order to free your child's teacher. Even one day a month would be greatly appreciated by the staff.

The volunteer parent will assist the teacher in supervising students at lunch recess. Lunch recess runs from 11:45 to 12:45.

You are welcome to eat here before or after your supervision period. Your lunch is complimentary and is served at 11:20 AM. If you would like to eat, please notify the school office by 9:00 AM so a lunch can be ordered for you.

Playground and gym rules will be explained. Please be very specific about the days that are good for you to work.

Please return this form if you will be signing up to work.

NAME: _____ PHONE: _____

Yes, I would like to help in this program

I would be able to work _____ times a month.

The days I prefer to work are:

Monday Tuesday Wednesday Thursday Friday

Thank you in advance for your consideration of this program.



CHRIST THE KING LUTHERAN SCHOOL

Youth Transportation Form

I assure Christ The King Lutheran School that when children are transported in my vehicle:

- o I am 21 years of age or older & have a valid driver's license appropriate for my vehicle.
- o I have no more than 6 points on my driving record.
- o I have a current certificate of no-fault insurance in my possession for the vehicle being used.
- o I will not operate the vehicle under the influence of alcohol or illegal drugs.
- o All children, the driver, and all adult passengers shall be properly restrained with a safety belt, and each safety belt shall be properly anchored and used according to the manufacturer's specifications, and in good working order.
- o All passengers shall remain seated and properly restrained by the safety belt while the vehicle is in motion.
- o All passengers shall be transported in accordance with the manufacturers rated seating capacity and designated seating positions.
- o Vehicle seats used by passengers shall not face sideways.
- o Children under the age of 12 should not ride in the front seat.
- o A truck shall not be used to transport children, except in the cab.
- o There shall be no loose, heavy objects in the passenger area.
- o My vehicle is in compliance with the safety equipment requirements specifying good operating condition of tires, brakes, exhaust system, windshield, windshield wipers and washers, horn, lights, and mirrors as contained in the Michigan vehicle code.
- o When transporting more than 8 children, a staff member or volunteer shall be present in addition to the driver. The children shall not be left unattended in the vehicle. They shall be helped into and out of the vehicle from the curbside unless in a protected parking area or driveway, or received by the teacher, parent, or other responsible person.
- o I will refrain from smoking while transporting students.
- o I will not use a cell phone except in the event of an emergency.

Please attach a copy of Driver License

Print Name of Your Student

Grade

Print Name of Your Student

Grade

Print Name of Your Student

Grade

Driver License Number

License Plate Number

Signature of Driver (please write legibly)

Date

Addendum to Transportation Form

I agree to follow all guidelines as outlined on the original transportation form and that there have not been any changes to my driving record.

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Christ The King Lutheran School

MULTIPLE HOUSEHOLD FORM

Student Name(s) _____

Enrolling* Parent/Guardian's Last Name	Enrolling* Parent/Guardian's First Name	Legal Custody	Report Cards	Directory Inclusion	Emergency Contact	Transport Child(ren)	Financial Responsibility
		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Enrolling Parent/Guardian's Spouse Last Name	Enrolling Parent/Guardian's Spouse First Name	Legal Custody	Report Cards	Directory Inclusion	Emergency Contact	Transport Child(ren)	Financial Responsibility
		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

*Student's home of record

Enrolling Parent/Guardian* Mailing Address: _____

Enrolling Parent/Guardian E-mail Address: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Other Parent/Guardian's Last Name	Other Parent/Guardian's First Name	Legal Custody	Report Cards**	Directory Inclusion	Emergency Contact	Transport Child(ren)	Financial Responsibility
		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Other Parent/Guardian's Spouse Last Name	Other Parent/Guardian's Spouse First Name	Legal Custody	Report Cards	Directory Inclusion	Emergency Contact	Transport Child(ren)	Financial Responsibility
		Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

**When parents have shared custody, both have access to academic records and school information.

Other Parent/Guardian* Mailing Address: _____

Other Parent/Guardian E-mail Address: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

If there is any information pertaining to the custody arrangement or changes to the information above, please provide the necessary legal documentation. (Update as needed.)

Please list below the current arrangement as to when the child(ren) are at each household. (Update as needed.)

Enrolling Parent/Guardian Signature: _____ Date: _____

---This information may be shared with any parent or person with legal custody. ---