

PRESCHOOL RATES

Class	2 Day TU-TH	3 Day M-W-F	5 Day M-F
Registration	\$250.00	\$250.00	\$250.00
Tuition	\$2332.00 (233.20/mo.)	\$2715.00 (271.50/mo.)	\$3250.00 (325.00 mo.)
Extended Care Registration *	\$100.00 (50.00 per semester)		

Preschool hours are from 9:00 - 11:45 AM (2's & 3's) and 9:00 – 12:00 PM (VPK 4's).

*Extended Care Registration fee only applies to students not paying a school registration fee.

KINDERGARTEN AND ELEMENTARY RATES

Registration	\$300.00
Books	\$250.00
Tuition	\$5050.00 (505.00 mo.)
New Student Screening (K - 8 th)	\$80.00

Kindergarten and elementary hours are from 8: 30 AM to 3:00 PM.

PREPAID EXTENDED CARE

Level	Hours	Weekly Fee 1 st Child	Weekly Fee Additional child
Level 1	Up to 10 hours	\$40	\$30
Level 2	11 – 19 hours	\$60	\$45
Level 3	20 – 29 hours	\$100	\$75
Level 4	30 – 40 hours	\$120	\$90
Drop-In	As needed	\$5.00 per hour	\$5.00 per hour

A \$5.00 per hour is charged for additional hours beyond the contracted hours.*

ANNUAL TUITION

Tuition may be paid in full (4%/child discount), in two payments (2% child/payment discount), or in ten payments from July 25 to April 25. Payments are due the 25th of each month and are late on the 1st. **A late fee of \$45.00 will be assessed on the 1st.**

PAYMENT BY CREDIT CARD

Trinity will accept credit card tuition payments monthly, paid in full, or in two payments (no discount if made by credit card). Extended care payments for a period of a month or more in advance may now be made by credit card.

AUTOMATIC TUITION PAYMENTS

Trinity Lutheran School is pleased to offer this program where you can make regular tuition payments through electronic funds transfer from your checking or savings account at no cost to you. Stop by the school office for forms and for more information.

12 MONTH PAYMENT PLAN

Call the office for details on our new 12 month flexible payment plan.



MULTIPLE STUDENT DISCOUNT

The oldest child will be charged full tuition. Any additional children will receive a 10% discount on tuition.

TRINITY LUTHERAN CHURCH MEMBER RATES

A list of these rates is available in the office.

REGISTRATION FEE

This fee includes registration for school and extended care expenses. The total registration fee must be paid to reserve your child a place on the roster. This fee is ***NON-REFUNDABLE***.

BOOK FEE

This fee covers the costs for all textbooks, computer software, internet service, workbooks, and some supplies. It does not cover any music fees, because they will vary from one grade to another. The book fee is due by May 1st. This fee is ***NON-REFUNDABLE***.

EXTENDED CARE REGISTRATION FEE

This fee includes registration for extended care, before and after school program expenses. This fee must be paid to reserve your child a place on the roster. This fee may be paid per semester and applies to those students not paying a school registration fee. This fee is ***NON-REFUNDABLE***.

EXTENDED CARE RATE

Extended care hours are from 6:45 AM to the start of school and from the end of school to 6:00 PM. For the 2010-2011 school year, you may choose from four levels of Extended Care hours per week. Payment for extended care is due at the beginning of each week on Monday. There is no refund for hours not used. You may, however, change the level of extended care that you originally chose by Friday before the next week begins. There is no charge for weeks when school is not in session. When there is a holiday during a school week, extended care charges will be reduced by 20% for each day of the holiday. We offer a drop-in rate of \$5 per hour if you did not choose a level of care and need to occasionally leave your child in extended care. Additional hours used above and beyond the contracted hours are billed at \$5 per hour. If your child remains in extended care after 6:00 PM, there is a late pick-up fee of \$15 for every quarter hour. There will be a \$10 late fee added to any extended care bill that is not paid by Friday. The late fee of \$10 will be applied the Tuesday following the Monday the fees are past due. Drop-in charges are due on the Friday following receipt of your statement. Everyone will be charged the Drop-in rate until a completed Extended Care Enrollment Contract is turned in at the front office. The Extended Care Enrollment Contract for the 2010-2011 school year is due by August 6, 2010 to start the first week of school. You must pay a registration fee to use the extended care program.

APPLICATION FOR ENROLLMENT

Today's Date: _____

Date _____
Payment _____
Reg/Bk/EC _____

2010-2011 School Year

Student Information Please list the name of each student applying for admission:

Student's Name: _____ Soc. Sec.# _____

Program/ Grade _____ Birthdate _____

Student's Name: _____ Soc. Sec.# _____

Program/ Grade _____ Birthdate _____

Student's Name: _____ Soc. Sec.# _____

Program/ Grade _____ Birthdate _____

Family Information If there are other children in you family, please complete the following:

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

Name _____ Age/Grade _____ School _____

Authorization to Publish

Do you give permission for your child's name, address, and phone number printed in a class school directory (for play dates, birthday parties, etc.)? Yes ___ No ___

Do you give permission to have your child's picture and/or name printed in any of the area newspapers when associated with a story featuring Trinity Lutheran School? Yes ___ No ___

Does Trinity Lutheran School have permission to put candid photos on our website as they pertain to school activities? (NO NAMES WILL BE USED) Yes ___ No ___

New Student Information Please list all schools previously attended:

School _____ Dates Attended _____ Grades Attended _____

School _____ Dates Attended _____ Grades Attended _____

Why have you selected Trinity for your child's education? _____

Where did you hear about Trinity? _____

Who referred you to Trinity? _____

PARENT/SCHOOL FINANCIAL AGREEMENT

Student Name	Grade or Classroom	Extended Care Registration	Registration Fee	Book Fee	Annual Tuition

TOTALS: _____

Payment Plan selected: Annual _____ Semi-Annual _____ Monthly _____

Name of Parent(s) or Legal Guardian(s): _____ Payment Agreement

Last _____ First _____ Initial _____

Last _____ First _____ Initial _____

REGISTRATION FEE: This fee includes registration for school and extended care. The total registration fee must be paid to reserve your child a place on the roster. This fee is **NON-REFUNDABLE**.

BOOK FEE: This fee covers the costs for all textbooks, computer software, internet service, workbooks, and some supplies. It does not cover any music fees, because they will vary from one grade to another. The book fee is due by May 1st. This fee is **NON-REFUNDABLE**.

EXTENDED CARE REGISTRATION FEE: This fee is for students who wish to use our extended care program and have not previously paid a school registration fee. The registration fee must be paid to reserve your child a place on the roster. This fee will be charged when you use extended care on a per semester basis. This fee is **NON-REFUNDABLE**. (If you have already paid a school registration fee this is included in that fee).

SCHOOL TUITION: Tuition is computed on an annual basis and is pro-rated for a student enrolling after the school year has begun. For convenience, the annual tuition may be paid in four different ways.

- Annual Payment Plan:** A 4% discount off tuition is given if the tuition is paid in full at the time of enrollment or by July 25th.
- Semi-Annual Payment Plan:** A 2% discount off tuition, per payment, is given if the tuition is paid in two payments: the first half of tuition is paid at the time of enrollment or by July 25th, and the second half of tuition is paid on or before December 25th.
- Ten Month Payment Plan:** The first monthly tuition payment is due on July 25th for all students and the last payment is due on April 25th. All payments are due the 25th of the month and late on the 1st. **A late fee of \$45.00 will be assessed on the 1st. (A \$10 late fee will be added for delinquent Extended Care fees.)**
- Twelve Month Payment Plan:** Please contact the office for details.
- Automatic Tuition Payment:** Trinity Lutheran School is pleased to offer this program where you can make regular tuition payments through electronic funds transfer from your checking or savings account, at no cost to you. Stop by the school office for more information.

ACTION ON LATE ACCOUNTS

It is imperative that you contact the school office if you see that you cannot make your tuition payment on time. **When tuition payments fall 30 days behind, the student will no longer be permitted to attend classes at Trinity Lutheran School until the school account is brought up-to-date.** If a student is withdrawn from Trinity with an outstanding debt to either the School or Extended Care, the student's school records will not be released to the next school until all debts are paid in full.

ACTION ON NON-SUFFICIENT FUNDS RETURNED CHECKS

A charge of \$ 30.00 will be collected for any checks returned to Trinity Lutheran School by the bank. We will not return these checks to the bank and they must be covered in cash in the school office, within two working days. After two non-sufficient funds checks, Trinity Lutheran School reserves the right to require all subsequent payments to be made by either cash, cashier's check, or money order.

EXCEPTIONS TO THIS PARENT/SCHOOL FINANCIAL AGREEMENT

Exceptions to this Parent/School Financial Agreement must be submitted in writing to the School Board for consideration. The address is: Trinity Lutheran School, 1330 S. Fiske Blvd., Rockledge, FL 32955-2318.

HEALTH INFORMATION

Complete health records must be on file. Required records include a birth certificate, updated Immunization Records (DH 680) and a physical exam report on Florida Dept. of Health forms (DH 3040). Pre-Schoolers physical exam records must be updated at least every 2 years. A new physical exam and additional immunizations are also required for entering Kindergarten and 7th Grade students.

1. Is there any medical reason an applicant cannot participate in the physical education program?
Student's Name _____ Reason _____
Student's Name _____ Reason _____
Student's Name _____ Reason _____

2. Name of Student's physician _____ phone _____
Name of preferred hospital for emergency care _____

3. Is there any other information that should be shared which may assist us in the education of your child at Trinity Lutheran School ? (allergies, medical conditions, behavioral issues, etc.)
Student's Name _____ Information _____
Student's Name _____ Information _____
Student's Name _____ Information _____

PARENT’S (OR LEGAL GUARDIAN’S) STATEMENT

My signature below indicates that I have read, understand, and agree with the Parent’s Statement.

In making application for my child to attend Trinity Lutheran School, I agree to support the standards of the school in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, and disciplinary policies.

If my child is accepted, I agree to assume the responsibility for my child’s education by supervising homework, being an encourager, and keeping in regular contact with my child’s teachers. I agree to support the school to the best of my ability through attendance and participation in the various school activities. I agree to attend Orientation and Parent/Teacher Conferences.

Further, in the event my child becomes ill or is injured while under school supervision, I give permission for authorities to take the following steps:

1. Contact a parent of the child and follow his instructions;
2. Contact the child’s physician and follow his instructions, in the event neither parent can be reached;
3. Use their own discretion in contacting a properly licensed physician and follow his instructions if the child’s physician cannot be reached.

If, in the opinion of a properly licensed and participating physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Administrator, or his designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Administrator, or his designee, and Trinity Lutheran School from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

I agree that this application cannot be considered without my registration fee and that, if my child is accepted, I agree to the payment policies as listed in the Parent/School Financial Agreement.

I understand that if I voluntarily withdraw my child or my child is dismissed from the school once classes have begun, I am responsible to fulfill my financial agreement. I also understand that records cannot be forwarded to another school until all financial obligations have been satisfied.

Trinity Lutheran School reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Trinity Lutheran School.

If legal action is required to collect monies, the undersigned will be responsible to pay all fees incurred by the collection of such accounts.

Father’s Signature _____ Date _____

Mother’s Signature _____ Date _____

Trinity Lutheran School admits students of any race, color, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to other students at the school. It does not discriminate on the basis of race or ethnic background in administration or its educational policies, financial aid, athletic, or other School administered programs. (License #05-51-00791)

FAMILY WORSHIP LIFE

1. Child's name: _____
2. Does child attend church regularly? Yes_____ No_____
If yes, where? _____
3. Is child baptized? Yes_____ No_____
If yes, Child's baptismal date? _____ (Baptismal birthdays will be celebrated)
If no, are you interested in having your child baptized? Yes_____ No_____
4. Father's church home information:
Name of church: _____
Church address: _____
City/State/Zip: _____
Church phone: _____
Church denomination: _____
Pastor's name: _____

Mother's church home information: (if different)
Name of church: _____
Church address: _____
City/State/Zip: _____
Church phone: _____
Church denomination: _____
Pastor's name: _____
5. What would you like to learn about the Lutheran faith/Trinity Lutheran Church?

6. Would you like the Pastor to contact you? Yes_____ No _____

WORSHIP & PRAYER LIFE

Worship is an important aspect in the life of any Christian, and it is, therefore, an important part of a student's activities at Trinity Lutheran School.

Daily Opportunity: Each class begins the day with classroom devotions led by the teacher and/or students. Prayers are said throughout the class day as opportunities arise.

Weekly Opportunity: Chapels for all students are held on Wednesday mornings in the Trinity Lutheran Church sanctuary. Parents and friends are always welcome.

Special Opportunities: Throughout the school year, several opportunities arise for students to participate in the worship services of Trinity Lutheran Church on Sunday mornings and during special services in Advent and Lent. Such participation is usually in the form of music. Annually, the school students all participate in a Christmas and closing programs with Christian themes.

In Addition: Trinity's students are encouraged to attend worship and Sunday School here if they have no regular church home.

Trinity also offers Youth activities and Confirmation classes to Middle School Students.

2010-2011

EXTENDED CARE ENROLLMENT CONTRACT

Child's Name _____

Classroom/Teacher _____

Child's Name _____

Classroom/Teacher _____

<u>Level</u>	<u>Hours</u>	<u>Wkly Fee—1st Child</u>	<u>Wkly Fee—Add. Children</u>
Level 1	up to 10 hrs.	\$40.00	\$30.00
Level 2	11-19 hrs.	\$60.00	\$45.00
Level 3	20-29 hrs.	\$100.00	\$75.00
Level 4	30-40 hrs.	\$120.00	\$90.00
Drop-In	as needed	\$5.00 per hr.	\$5.00 per hr.

Please circle your choice. You may change to another level by notifying the office one week in advance if your needs change.

Signature of Parent

Date

Extended Care Registration fee is required for students who have not paid a school registration fee. If you have not paid this fee, it will be charged to your account when your child uses extended care for the first time in each semester.



I. Initial Application

Before a student may be considered for acceptance, the following must be completed and submitted to the school office:

II. Necessary Forms/Assessment Screening

Admissions evaluation will take place only when our office is in receipt of all the application forms and items for students applying for grades Kindergarten through Eighth Grade.

a. Preschool

- 1) Trinity Lutheran Church and School's Application Form
- 2) A copy of the child's birth certificate
- 3) A copy of the child's updated immunization form (DH 680 from doctor's office)
- 4) Form CF-FSP 5219, January 2008 (Brevard County Form enclosed in your packet)
- 5) Medical Examination form (DH 3040 from your child's doctor)
- 6) Family Worship Life form
- 7) For 4-year-old VPK program, obtain certificate from Child Care Association
- 8) Extended Care Registration Form
- 9) Influenza Virus Brochure (CF/PI 175-70)

b. Elementary/Middle School (K-8th)

- 1) Trinity Lutheran Church and School's Application form
- 2) A copy of the child's birth certificate
- 3) A screening fee of \$80.00 (Non-refundable)
- 4) A copy of the child's latest report card (s)
- 5) A copy of the child's most recent standardized test results
- 6) One completed Teacher Recommendation Form
- 7) A copy of any screenings that pertain to the child's educational history, i.e. learning challenge screening and discipline screenings
- 8) A copy of any behavioral referral forms
- 9) A copy of the child's updated immunization form (DH 680 from doctor's office)
- 10) Form CF-FSP 5219, January 2008 (Brevard County Form enclosed in your packet)
- 11) A copy of the child's updated immunization form (DH 680 from doctor's office)
- 12) Medical Examination form (DH 3040 from your child's doctor)
- 13) Family Worship Life form
- 14) Extended Care Registration Form
- 15) Completed Records Request Card
- 16) Influenza Virus Brochure (CF/PI 175-70)

c. Admissions Screening

We will administer an assessment test to gain insight into academic strengths and weaknesses. The Kindergarten Readiness Test (KRT) will be administered to all new Kindergarten applicants, and the Wide Range Aptitude Test- 3rd edition (WRAT-3) and the QRI-3 reading assessment will be administered to all new applicants applying for grades 1-8. The student screening provides us the tool to appropriately determine if we can meet the needs of the student, and assists with proper placement.

III. Family Applicant Interview

During the collection of the necessary forms, the Principal may conduct an interview with the parent(s) and child(ren) making application. The teacher of the applicant's grade may be in attendance. The Principal may also include the Early Childhood Education Director if the application is for Preschool. The purpose of the interview is to establish the compatibility of academic, social and spiritual goals of the family and school.

IV. Acceptance

Once **II** and **III** are completed, Trinity Lutheran School will make a decision regarding acceptance. Notice of official acceptance or non-acceptance will be communicated in writing within 5 working days. When the parent receives official acceptance, he/she will have 5 working days to pay the necessary fees (registration fees, materials fee, book fee, art fee, and first month's tuition).

V. Enrollment

Final enrollment will be completed when **all applicable fees, forms, and records are complete and on file in our office.** All fees are non-refundable.

VPK Application Process

Trinity Lutheran School (TLS) will begin taking new applications for the 2010-2011 Voluntary Pre-kindergarten (VPK) program on February 1, 2010. Enrollment in the VPK program is a **two-part process**. Families must apply to Trinity Lutheran School, **as well as register for the VPK program with the State of Florida**. Children must be 4 years of age by September 1st, of 2010. **Placement is on a first-come, first-served basis**. Below you will find detailed instructions for enrolling your child in VPK.

PART ONE: MAKE APPLICATION TO TLS

- Step 1** Complete the TLS 2010-2011 Application and the Student Medical Information form (included in packet).
- Step 2** Bring the completed documents listed above, a copy of your child’s birth certificate, a current physical examination record, and a current immunization record to TLS Admissions Office. The Admissions Office is located in the front office.
- Step 3** Once all the required documents are received, you will complete a TLS Enrollment Agreement in the Admissions Office.

PART TWO: PRE-APPLY (REGISTER) WITH THE STATE OF FLORIDA

- Step 1** Go to www.vpkflorida.org. The VPK website has moved but the internet will automatically redirect you to the new site. Under Quick Links on the left side of the new home page click “Enroll My Child.” You will be given a confirmation number at the end of the registration process.
- Step 2** Print the confirmation number along with your registration. (If you do not want to complete registration online, the registration forms are available at www.elcbrevard.org).
- Step 3** You must schedule an appointment at the Early Learning Coalition office (contact info. provided below) to complete the registration process. Appointments for the 2010-2011 school year will begin on May 1, 2010. Avoid the rush by calling early and scheduling your appointment. You will need to bring a copy of your child’s birth certificate and proof of residency. They will issue you a
VPK CHILD ELIGIBILITY AND ENROLLMENT CERTIFICATE.

**Early Learning Coalition of Brevard
1018 Florida Avenue
Rockledge, FL 32955**

- Step 4** Bring this certificate to Kimberly Link, Early Childhood Director at TLS. Turning in this certificate is the final step in registering your child in VPK. If you have questions concerning the VPK enrollment process, please contact us (321) 636-5431.



SCHOOL RECOMMENDATION FORM

TRINITY LUTHERAN SCHOOL
1330 S. Fiske Blvd., Rockledge, FL 32955
Phone: 321 636-5431 Fax: 321 638-4498
E-Mail: school@trinity-rockledge.org
www.trinity-rockledge.org

Student Name: _____

Current School: _____

Current Grade: _____

School Address: _____

Dear Teacher,

The above student from your school has applied for enrollment at Trinity Lutheran School. Please help us to determine whether Trinity is the best setting for meeting the needs of this particular student by responding to the following questions which are pertinent to your role:

1. Is this student functioning at or above grade/age level? Yes_____ No_____
If not, please describe the nature and extent of the student's weaknesses:

2. How would you rate this student's overall behavior?

- Excellent_____
Very Good_____
Appropriate/Acceptable_____
Sometimes Inappropriate_____
Frequently Inappropriate_____
Dangerously Inappropriate_____

3. Has this student ever been referred for discipline? Yes_____ No_____

How often? _____

Nature of the offense(s): _____

Suspensions? Yes_____ No_____

Reason: _____

4. Has this student ever been recommended for testing for any exceptionalities?

Yes_____ No_____

If yes, which? _____

5. Have parents of this student been cooperative and supportive of teachers and school policies?

Yes_____ No_____

6. Follows directions and works independently: Yes_____ No_____

7. Begins class assignments promptly: Yes_____ No_____

8. Stays on tasks in class to complete and hand in: Yes_____ No_____

9. Works carefully and neatly: Yes_____ No_____



10. Completes assigned homework on time: Yes_____ No_____

11. Is developing/has developed small muscle control (cutting, coloring, etc.):

Yes_____ No_____

12. Is developing/has developed large muscle control: Yes_____ No_____

13. Comments: _____

Your Name: _____

Title: _____

Signature: _____ Date: _____

