

Faith Lutheran School  
2727 S. Grove St  
Eustis, FL 32726

[www.fastdir.com/faitheustis](http://www.fastdir.com/faitheustis)

Phone: 352-589-5683  
Extended Care: 352-589-4673  
Fax: 352-589-1328

**2012-2013 Re-Enrollment Registration for current students**

Grade next year \_\_\_\_\_

Child's full name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phones (M) \_\_\_\_\_ (F) \_\_\_\_\_

Mailing address \_\_\_\_\_

Father's occupation \_\_\_\_\_ Business phone \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Business phone \_\_\_\_\_

Brothers & sisters \_\_\_\_\_

Church attending \_\_\_\_\_ E-mail \_\_\_\_\_

**Medical Information**

Please list any health concerns, ailments, physical or otherwise not currently on record in the office.

\_\_\_\_\_  
\_\_\_\_\_

Are there any restrictions that would limit or exclude your child's full participation in physical education class?

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information**

If parents cannot be reached in an emergency, who would you prefer we contact?

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

List here anyone who may specifically NOT pick up your child from school:

\_\_\_\_\_

***Please continue to the back of this sheet.***

## Release and Emergency Treatment Authorization Form

As a parent or legal guardian of a child participating in a Faith Lutheran Church at Eustis, Florida, Inc. and/or Faith Lutheran School (collectively referred to as "Faith Lutheran") activity, I do willingly execute this release. I hereby release, indemnify, defend, and forever discharge and hold harmless ("Release") Faith Lutheran from any and all liability and I hold Faith Lutheran harmless from any and all injuries (including death), claims, demands, liability, suits, attorney's fees, expenses, costs, judgments, awards of any kind or character, (collectively, "Loss") which may accrue because of, arise out of, or exist on account of my child's participation in activities conducted by, under the control of, or associated with Faith Lutheran. I understand and agree that this Release shall expressly include Loss due to Faith Lutheran's negligence (whether sole, contributory, or in any other way in part) and gross negligence. It is my intent that his release and indemnity be as broad and comprehensive as possible as I do not desire that Faith Lutheran have any liability, directly to me or my spouse (if any) or my child, or indirectly to any medical provider arising out of any costs, bills, claims, or damages due to participation in Faith Lutheran activities. I understand and acknowledge that Faith Lutheran, as that term is used in this release, shall include employees, administrators, agents, volunteers, chaperones, and the Board of Education, individually and in any representative capacity, of Faith Lutheran.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Treatment Authorization Form

As a parent or legal guardian of a child participating in a Faith Lutheran Church at Eustis, Florida and/or Faith Lutheran School (collectively referred to as "Faith Lutheran") activity, I hereby approve, consent to, and request emergency medical treatment be provided by the hospital, physician, or licensed healthcare provider for my child, if such is necessary as determined by Faith Lutheran, in Faith Lutheran's sole discretion. I expressly assume full financial responsibility, either individually or through a health insurance carrier, for any and all bills and amounts incurred in association with such emergency medical treatment.

I hereby release, indemnify, defend, and forever discharge and hold harmless ("Release") Faith Lutheran from any and all liability and I hold Faith Lutheran harmless from any and all injuries (including death), claims, demands, liability, suits, attorney's fees, expenses, costs, judgments, awards of any kind or character, (collectively, "Loss") which may accrue because of, arise out of, or are in any way connected with this emergency treatment authorization or care given or obtained by and/or through it for my child. I understand and acknowledge that Faith Lutheran, as that term is used in this release, shall include employees, administrators, agents, volunteers, chaperones, and the Board of Education, individually and in any representative capacity, of Faith Lutheran.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

***This re-enrollment form must be accompanied by payment in order for your child to be re-enrolled. Simply returning this form will not guarantee a spot in a class for your child.***

The non-refundable registration fee (K-8 \$325, PK \$175) must be paid in full by June 1.

***If full payment is not received by June 1, your child's registration will be forfeited.***

### Late Fees

The tuition policy states: "When families choose a tuition payment plan, payment is due the first day of the month. The first payment is due on August 1."

If payment is not made by the 5<sup>th</sup> of the month a \$20 late fee will be added to tuition accounts. If payment for extended care is not made by the 5<sup>th</sup> of the month a \$10 late fee will be added to the extended care account.

**If payment is not made by the end of the month, the student may not attend class or participate in school activities until the account is current.**

Requests for a modification in the payment plan should be submitted to the principal in writing before the due date.

Transfer records will be sent after all financial obligations to the school have been satisfied.

There is no reduction in tuition or fees for absence.

Registration fees are non-refundable unless the school denies admission.

Faith Lutheran School admits student of any race, color, creed, or national or ethnic origin.

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**MEMBER REGISTRATION AND SCHOOL YEAR TUITION  
 2011-2012**

**Registration fee per student- non-refundable, paid at time of registration**

PK3	\$175.00
PK4 (non-VPK)	\$175.00
K-8	\$325.00

**SCHOOL YEAR TUITION FOR PRESCHOOL  
 PAYMENT PLAN OPTIONS**

	YEARLY TUITION	1 PAYMENT	10 PAYMENTS
Two day (PK3)Th/F	\$1120	\$1095	\$112
Three day (PK3)M/T/W	\$1660	\$1635	\$166
Five day	\$2760	\$2735	\$276
Three day pkg* (PK3)	\$3560	\$3535	\$356
Five day pkg*	\$4470	\$4445	\$447
Addl' pkg (VPK)	\$2560	-----	\$256

**SCHOOL YEAR TUITION FOR GRADES K-5  
 PAYMENT PLAN OPTIONS**

	YEARLY TUITION	1 PAYMENT	10 PAYMENTS
1 student	\$3830	\$3805	\$383
2 students	\$7610	\$7585	\$761
3 students	\$11390	\$11365	\$1139
4 students	\$15170	\$15145	\$1517

**SCHOOL YEAR TUITION FOR GRADES 6-8  
 PAYMENT PLAN OPTIONS**

	YEARLY TUITION	1 PAYMENT	10 PAYMENTS
1 student	\$3920	\$3895	\$392
2 students	\$7790	\$7765	\$779
3 students	\$11660	\$11635	\$1166
4 students	\$15530	\$15505	\$1553

Preschool tuition and school year extended care “package” includes tuition and extended care. **Package includes use of extended care only on days when school is in session.** Any other days during which extended care is open (such as vacation days) will be billed at the regular hourly rate.

\* Faith Lutheran School maintains the right to place package students in the class of the school's choice.