

Each year we need your permission and signature on a number of items. Please read the statements below and provide the releases/permissions.

**Release for** \_\_\_\_\_  
 (Please print student name) (Grade/Age)

**1. Student Picture and Text Release**

\_\_\_\_\_ *I give permission* \_\_\_\_\_ *I do not give permission*  
 for Bethlehem Lutheran Church, School, Early Learning Center, and Childwatch to use verbal quotes, photographs and/or video footage of my student listed above in any form which is deemed appropriate, as it relates to promotion of the church and school programs. I understand that this release is in effect from August 17, 2011 through August 14, 2012.

\_\_\_\_\_  
 Parent Signature Date

**2. Student Yearbook Picture and Text Release**

\_\_\_\_\_ *I give permission* \_\_\_\_\_ *I do not give permission*  
 for Bethlehem Lutheran Church, School, Early Learning Center, and Childwatch to use verbal quotes, and/or photographs of my student listed above for the school yearbook. I understand that this release is in effect through the end of the school year.

\_\_\_\_\_  
 Parent Signature Date

**3. Technology Use Policy Agreement**

We have read the **Technology Use Policy** (available in the school handbook or online) of Bethlehem Lutheran School and understand the rules set forth in the policy. This form must be signed and returned to school before technology use privileges are granted. We further understand that violation of the policy can result in the student being denied the opportunity to use the school's computers or network for the remainder of the school year. Parents will incur the full cost for any damages to equipment. This agreement is in effect from August 17, 2011 through August 14, 2012.

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Parent Signature Date

**4. Medications At School**

Bethlehem is required by state law to comply with guidelines set up in the Nurse Practice Act regarding the distribution of medication at school. A Medication Permission Form must be signed by the student's parent/legal guardian and physician. This form must be on file in the school office for all prescriptions, over the counter medication, and herbal medication to be administered at the school. I will provide the medication, in the original container, that is needed, as well as a Healthcare Provider Order, if necessary. I understand staff members, to whom our school nurse has delegated and trained, will administer medication as needed by the student.

\_\_\_\_\_  
 Parent Signature Date

5. \_\_\_\_\_ Yes, I would like to be included in the **Parent/Student Directory**. (Please initial.)

**New Student Enrollment for Early Learning Center  
 2011/2012 School Year**

Parent's Full Name(s): \_\_\_\_\_

Student's Full Name(s): \_\_\_\_\_

Church Membership: \_\_\_\_\_ Student's Baptismal Date: \_\_\_\_\_

County of residence: \_\_\_\_\_ Home Public School: \_\_\_\_\_

Please register our student(s) in the following class:

Bethlehem Beginnings Early Learning Center		
<input type="checkbox"/> ELC Two Day (T/TH)	_____ Half-Day \$160.40/month	_____ Full-Day \$280.60/month
<input type="checkbox"/> ELC Three Day (M/W/F)	_____ Half-Day \$231.80/month	_____ Full-Day \$395.70/month
<input type="checkbox"/> ELC Five Day (M-F)	_____ Half-Day \$389.80/month	_____ Full-Day \$662.60/month

**A Registration Fee is collected to pay administrative expenses, curriculum, and consumables in the classroom. Please select the option you prefer.**

Early Learning Center Registration Fee: \$150.00	
_____	<b>Option 1: I/we will include \$50.00 with this re-enrollment form and would like to have two additional \$50.00 payments paid via ACH (see next page) on June 15 and July 15.</b>
_____	<b>Option 2: I/we will pay the entire registration fee of \$150.00 with this re-enrollment form.</b>

**Additional forms required:**

- Student Information Sheet - Please fill in both sides of this form.
- Well Child Visit Form - This form must be submitted to the school office by the first day of school, August 17, 2011.
- Financial Data Sheet 2011/2012, that is on the reverse side of this page.

## Bethlehem Beginnings Early Learning Center and Summer Camp Financial Data Sheet 2011/2012

**Parent or Guardian Information:**

Please provide for the person(s) responsible for payment.

\_\_\_\_\_  
Name, Last/First

\_\_\_\_\_  
Name, Last/First

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Relationship to Student(s)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Email Address

**Student Information:**

_____ Name, Last/First	_____ Grade/Age
_____ Name, Last/First	_____ Grade/Age
_____ Name, Last/First	_____ Grade/Age
_____ Name, Last/First	_____ Grade/Age

Please note: Bethlehem School and ELC will not release transcripts or other school records until all tuition and fees are paid in full.

Please initial here: \_\_\_\_\_

**Payment Method**

**1.) \_\_\_\_\_ Prepaid Annual Tuition**

To be paid to the finance office no later than July 31, 2011. A 1.5% discount applies only if paid by June 30, 2011.

**2.) \_\_\_\_\_ Monthly ACH Payments for Tuition and Summer Camp (if applicable)**

Tuition and Summer Camp fees are deducted from checking or savings accounts on the 15<sup>th</sup> of the month or the first business day thereafter beginning in August for a period of ten months for tuition payments through the school year. For Summer Camp, payments are deducted on the 1<sup>st</sup> for the month ahead. ACH debits that are dishonored will be charged an additional \$25.00 per item. **Please attach a voided check to this form.**

\_\_\_\_\_  
Name(s) on Account

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Routing Number (9 digit number on bottom left hand side of check)

\_\_\_\_\_  Checking  Savings

\_\_\_\_\_  
Account Number

By selecting payment by ACH, I/we authorize Bethlehem Lutheran to debit my tuition and Summer Camp payments through ACH. I further agree that Bethlehem's handling of these items are as though I personally signed or initiated the debit or draft and that this process will remain in effect through the 2011/12 school year which goes through the end of the summer 2012, unless I notify the finance office in writing to cancel this service. I understand written notification must be received at least 10 calendar days prior to the next scheduled payment for the cancellation to take effect. I also understand the finance office may debit my account at a later date if the regularly scheduled payment is not honored.

I understand that failure to honor this agreement could result in disenrollment of the student listed on this form. By signing this Payment Plan, I agree to the terms listed above.

_____ Parent or Guardian Signature	_____ Date	_____ Parent or Guardian Signature	_____ Date
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*To arrange a payment plan by Check or Money Order, please consult the Finance Office. A \$5.00 monthly charge is added for this arrangement. Payments received after the 15<sup>th</sup> of the month will receive a \$25.00 late fee. Financial Office 303-233-0401 ext. 110*

# Bethlehem Beginnings Early Learning Center

## Enrollment Packet

Greetings,

Selecting where your child will start their education is a big decision. We are delighted that you are considering Bethlehem Beginnings Early Learning Center. We offer a strong program that is designed to meet individual educational, social, and spiritual needs in an environment that Christ-centered and grace filled!

The first step is to determine what days and times you would like to enroll your student for preschool. We offer half-day and full-day options for the following days: a two-day (T/TH) program, three-day (M/W/F) program and a (M – F) program.

The second step is to schedule a tour. Our desire is to provide program information about Bethlehem Beginnings Early Learning Center. This provides families with an opportunity to ask questions and visit classrooms.

The third step is to turn in all forms to complete your child's enrollment.

- The Application Form
- This Enrollment Packet
- \$150 Application Fee or Payment Agreement
- Birth Certificate
- Immunization Documentation
- Student Information Sheet
- Well Child Visit Documentation

Summer Camp is offered for families who would like to provide stimulating learning opportunities and fun activities during the summer months. Camp runs June 2 through August 12. Contact Sandy Wendelin at 303-233-0401 ext 105, for registration information.

We look forward to partnering with you in providing for your child's educational needs.

Fully Alive In Christ,

**Sandy Wendelin**  
Early Learning Center Administrator

*The purpose of Bethlehem Beginnings Early Learning Center is to partner with parents in lighting the path to Christ one child at a time through grace-filled love, learning, and play.*