

BETHANY LUTHERAN SCHOOLS



Living God's Word through
Caring, Sharing, and Teaching.

Bethany Lutheran School is
a family of hope-filled Christian believers
dedicated to nurturing all children
to love, honor and serve God.

Family Information

2018 / 2019

Family Name: _____

Family Information

Bethany Lutheran School • 1011 Ulatis Drive • Vacaville, CA • 95687 • (707) 451-6683
Bethany Lutheran Prechool • 621 S. Orchard Drive • Vacaville, CA • 95688 • (707) 451-6678

STUDENT(S) ENROLLMENT INFORMATION

(1) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

(2) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

(3) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

(4) Name: _____ M F DOB _____ Grade: _____

Student resides with: Both Parents Mother Father Shared Custody Other _____

NOTE: A copy of current custodial orders must accompany registration & remain on file with BLS.

Siblings Not attending BLS: Name:(s) _____ Grade: _____

School they attend (if any): _____

PARENT/GUARDIAN INFORMATION

Father/Guardian Name: _____ Relationship: _____

Address: _____

(Street)

(City)

(Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: (Please print clearly.) _____

Employer: _____ Business/Occupation/Title: _____

Mother/Guardian Name: _____ Relationship: _____

Address: Same or _____

(Street)

(City)

(Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: (Please print clearly.) _____

Employer: _____ Business/Occupation/Title: _____

CHURCH AFFILIATION

Bethany Church Members: Yes No If no, Church Currently Attending: _____ None

City: _____ Pastor's Name: _____ Telephone: _____

How often does student attend church? weekly monthly Parents/Family attend church: weekly monthly

Enrollment Procedures

- Enrollment at Bethany is on an annual basis.
- Registration must be received before the deadline for both continued and initial enrollment.
- **Registration for enrollment does not constitute acceptance.**
- Fees and tuition are applicable to all students entering Bethany Lutheran Schools. **Fees are not refundable.**
- **Registration fee(s) must accompany registration or the application will not be processed.**

All new Enrollees

Students may be evaluated or required to take a placement test (K-8) for best placement of that student. A copy of the student's birth certificate and current immunization record must be presented at the time of registration. Enrollment and placement of transfer student(s) will be conditional until all information (student referral forms, report cards, cumulative records, immunization and medical forms, etc.) has been received and evaluated.

ALL Enrollees

In accordance with applicable law, ALL students enrolling at Bethany are required to present the most current immunization record at the time registration is submitted.

Statement of Faith

Bethany Lutheran School and Preschool teaches and responds to the love of the Triune God: the Father, creator of all that exists; Jesus Christ, the Son, who became human to suffer and die for the sins of all human beings and to rise to life again in the ultimate victory over death and Satan; and the Holy Spirit, who creates faith through God's Word and Sacraments. The three persons of the Trinity are coequal and coeternal, one God.

We accept and teach Bible-based teachings of Martin Luther that inspired the reformation of the Christian Church in the 16th century. The teaching of Luther and the reformers can be summarized in three short phrases: **Grace alone, Faith alone, Scripture alone.**

Grace alone

God loves the people of the world, even though they are sinful, rebel against Him and do not deserve His love. He sent Jesus, His Son, to love the unlovable and save the ungodly.

Faith alone

By His suffering and death as the substitute for all people of all time, Jesus purchased and won forgiveness and eternal life for them. Those who hear this Good News and believe it have the eternal life that it offers. God creates faith in Christ and gives people forgiveness through Him.

Scripture alone

The Bible is God's inerrant and infallible Word, in which He reveals His Law and His Gospel of salvation in Jesus

Acknowledgement

For admission of my/our child to Bethany Lutheran School, I/we certify that the information given is complete and accurate and understand that it is my/our responsibility to provide updated information to the school. I/We acknowledge the "Statement of Faith" printed above and the Bible-based education that Bethany provides and support such teaching. With my/our signature(s) below I/we acknowledge that I/we have read and understand the terms of this covenant and agree to support, uphold and abide by the school's policies and procedures (i.e. admissions terms, student/parent handbook, etc.) for the duration of my/our child's attendance at Bethany.

(Both signatures are required, as applicable.)

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Financial Agreement

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This contract is a partnership between Bethany Lutheran Schools (hereinafter referred to as BLS) and the parents or guardians of the student(s) listed, I/We hereby enroll said student(s) for the academic year stated with the following agreements.

- 1 I/We understand that this contract is for the entire school year. Under extenuating circumstances, early withdrawal may be considered. Approval of early withdrawal is at the sole discretion of Bethany Ministries. To officially withdraw a student from BLS, a withdrawal form is required and must be submitted to the BLS office. I/We understand and agree that we are responsible for the balance of tuition regardless of the reason for the withdrawal. Under extenuating circumstances, tuition for early withdrawal may be prorated, and an early withdrawal penalty will be charged. No exception will be given for students removed after February 28. **Initial:** _____
- 2 I/We agree to pay the tuition in accordance with the terms set forth by BLS and conclude all required payments as agreed. I/We understand that tuition & extended care payment plans must be authorized by ACH which transact each month. I/We agree that all payments are subject to clearance by the banking system. Any returned payment will result in a fee the higher of 10% of the payment amount or \$25.00. Drop-In Extended Care payments are drawn the month following use with your scheduled ACH. **Initial:** _____
- 3 Tuition for late enrollment will be pro-rated from the student's start date.
3. I/We understand that fees are **non-refundable** (i.e., testing, registration, annual, family, etc). Fees are refundable only if initial proper placement for your student(s) cannot be accommodated.
- 5 I/We understand that if we wish to make a change in the student's Extended Care program, we must notify BLS by completing a change form in the school office (K-8 only).
6. I/We understand that by assuming responsibility for the tuition account, we are responsible for and agree to pay any and all fees and charges incurred while the student is attending BLS. Accounts must be paid in full to receive final exams, grades, report cards, diplomas, or to participate in programs, ceremonies, etc. I/We understand that student records will not be released until the account is paid in full.
- 7 I/We understand that students with accounts 30 days past due may be removed from school. All costs incurred by BLS to collect on past-due accounts are our responsibility and will be billed to us.
8. I/We understand that we are responsible to complete Partnership Hours for our student(s) or pay \$10.00 per uncompleted hours by May 15 for non-returning families and July 31 for returning families. Refer to the department listing for total hours required.
9. I/We understand that for the safety and well-being of all, Extended Care & PS sign-in/out sheets for all students must be signed; otherwise, I/We agree to be charged until 6:00 PM. Billing sheets will be presumed correct unless disputed within 30 days of the billing date.

I/WE HAVE READ AND THIS CONTRACT FOR PAYMENT AND AGREE TO COMPLY. I/WE ALSO AGREE THAT WE ARE PERSONALLY RESPONSIBLE FOR ALL FINANCIAL OBLIGATIONS INCURRED AS A RESULT OF THIS ENROLLMENT.

I/We, agree to be financially responsible for paying the annual tuition and all fees.

(Signatures required of all parties agreeing to be financially responsible i.e. husband and wife, etc.).

Signature **Print Name** **Date**

Signature **Print Name** **Date**

AUTHORIZATION FORM



School/Organization Name: Bethany Lutheran School and Preschool

FOR OFFICE USE ONLY	STUDENT #:	DATE:
Effective date of authorization: ____/____/____ Name of student: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		First Name
Address		
City		State Zip
Email		
TUITION PAYMENT PLAN (please check one) A \$5/month processing fee applies for all payment/installment plans: <input type="checkbox"/> Pay in Full <input type="checkbox"/> 10 Month Plan (Aug. – May) <input type="checkbox"/> 12 Month Plan (June – May)		
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____		Payment frequency: <input type="checkbox"/> Monthly on _____
		Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	
	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ 1234567890 123 1234567 000 ⑆ Routing Number Account Number Check Number	
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.		
Authorized Signature: _____ Date: _____		
Credit Card (VISA or MASTERCARD)	*Credit Card use is limited to tuition PAID IN FULL.	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____		Date: _____

If using a checking account, please attach a voided check

Tuition and Fees

- Tuition is based on instructional school days.
- Testing fee applies only to new students not currently enrolled in Bethany School or Bethany Preschool (with teacher recommendation).
- Annual fee (K-8) provides funds at the beginning of the year for equipment and supplies.
- Facility Fee offsets some of the costs of facility maintenance.

Discounts

- Discounts apply to tuition only, not fees.
- Multi-student discounts apply to siblings enrolled PS-8th grade. The discount is applied to the least expensive tuition.
- Active-duty Military members are eligible to receive a 10% discount of tuition (K-8 only). Requesting families must provide proof of active duty status for the custodial parent.
- Full-time clergy (primary income source) are eligible to receive a 10% tuition discount.

Refunds

- All fees are non-refundable.
- Students are enrolled for the entire school year. Under extenuating circumstances, early withdrawal may be considered. If approved, a withdrawal fee will apply. Approval of early withdrawal is at the sole discretion of Bethany Lutheran Schools. To officially withdraw a student from BLS (PS-8th), a withdrawal from must be submitted to the BLS office.

Method of Payment

- Payment in Full (by check, credit card, or EFT (electronic funds transfer))
- Monthly payments are offered as a way to help our BLS families manage the overall cost of tuition. Tuition can be paid in 10 or 12 installments through EFT (mandatory for all installment plans). A \$5 per month processing fee will apply for all installment plans.

Extended Care

- Extended Care/PS programs are for instructional days (including minimum days for K-8) only. All non-school days are excluded.
- Extended Care fees may either be paid in full by June 30 or in installments.
- Extended Care is non-refundable, even if the family chooses not to utilize all the days and/or hours offered by the program.
- A late pick-up fee of \$15 for every 15 minutes or any fraction thereof is assessed when picking up a student late (after hours).

K-8 Extended Care

Program Code	Rate	10 Mo.	12 Mo.
MC	Morning Care: 6:30am—8:00am \$ 1,250	\$125	\$105
AC	Afternoon Care: 3:10pm—6:00pm \$2,300	\$230	\$192
AD	Morning & Afternoon \$3,250	\$325	\$271
DI	Drop-In: Morning or Afternoon \$8 per hour or fraction thereof	\$8 per hour	\$8 per hour

(1) Name: _____ Program: _____

(2) Name: _____ Program: _____

(3) Name: _____ Program: _____

(4) Name: _____ Program: _____

I/We wish to register our student(s) for the Extended Care program as indicated above. **I/We understand that to drop or change an Extended Care program requires a 30 day written notice by completing a change form.** We understand that all school policies/procedures of BLS also apply to extended care.

I/We assume responsibility for and agree to pay any and all fees and charges incurred while the student is enrolled in the Extended Care program.

I/We understand that for the safety and well-being of all I/We must sign-in/out our daily. Students not signed out will be billed to 6:00 PM. Extended Care billing sheets will be presumed correct unless disputed within 30 days of the billing date.

I/WE HAVE READ AND UNDERSTAND THE AFOREMENTIONED AND AGREE TO COMPLY.

Signature

Date

Signature

Date

Tuition and Fees Worksheet

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PAYMENT ESTIMATOR — final billing verified by business office

(PLEASE ALLOW OFFICE STAFF TO CALCULATE)	Student 1 Name:	Student 2 Name:	Student 3 Name:	Student 4 Name:
	Grade _____	Grade _____	Grade _____	Grade _____
Tuition	\$ _____	\$ _____	\$ _____	\$ _____
Sibling Discount (5, 10, 15%)	\$ < _____ >	\$ < _____ >	\$ < _____ >	\$ < _____ >
Active Duty Military (10%) K-8 only <i>Must provide Proof of Military Service</i>	\$ < _____ >	\$ < _____ >	\$ < _____ >	\$ < _____ >
Other Discount:	\$ < _____ >	\$ < _____ >	\$ < _____ >	\$ < _____ >
Annual Fee if paid monthly	\$ _____	\$ _____	\$ _____	\$ _____
K-8 Extended Care Program	\$ _____	\$ _____	\$ _____	\$ _____
Facility Fee if paid monthly	\$ _____	\$ _____	\$ _____	\$ _____
Processing Fee \$5 per month	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL TO BE BILLED				
Est Month <input type="checkbox"/> 10pymt <input type="checkbox"/> 12pymt	\$ _____	\$ _____	\$ _____	\$ _____

FEES K — 8

- **Registration Fee(s) due upon registration**
- **Facility Fee is due by August 1 unless rolled into monthly payments**
- **Annual Fee (K-8 Only) is due August 1 unless rolled into monthly payments**

EXTENDED CARE K — 8

Please complete the separate Extended Care registration form (page 7) to enroll a student in Extended Care. Students may be enrolled in one or more Extended Care session.
Extended Care change forms are available in the school office or on the school's website at www.gobethany.com.

FOR OFFICE USE ONLY

PAID w/Registration: <input type="checkbox"/> App/Testing Fee <input type="checkbox"/> Registration <input type="checkbox"/> Student Annual Fee <input type="checkbox"/> Facility Fee <input type="checkbox"/> Tuition
Amt. \$ _____ <input type="checkbox"/> CK# _____ <input type="checkbox"/> Cash
Billing Option (* processing fee of \$5/month applies): <input type="checkbox"/> Pay in Full by July 31 <input type="checkbox"/> 10 Month* <input type="checkbox"/> 12 Month*
Date Registration Received _____ Time: _____ Rec'd by _____
NOTES: