

2415 Silas Creek Parkway
Winston Salem, NC 27103
(336)725-1651 * Fax(336)725-1603
www.StJohnSFalcons.org



APPLICATION FOR ENROLLMENT (KINDERGARTEN – GRADE 5)

PLEASE PRINT LEGIBLY

Name: _____
Last First Middle Nickname

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone # (_____) _____ Date of Birth: ____/____/____

Male ____ Female ____ Race/Ethnic Group _____ Circle child's shirt size: YXS YS YM

Circle grade child will be entering: Kindergarten 1 2 3 4 5 YL YXL AS AM AL AXL

Is child adopted? Yes ____ No ____

Where does your child attend Church and Sunday School? _____

Father's Name: _____

Mother's Name _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone #: _____

Work Phone # _____

Cell Phone #: _____

Cell Phone # _____

Email: _____

Email: _____

Child lives with: ____ Both Parents ____ Mother ____ Father ____ Other-please explain

WERE YOU REFERRED TO ST. JOHN'S FROM A CURRENT PARENT? If SO, PLEASE GIVE US THE NAME OF THE REFERRING PARENT. _____

PREVIOUS SCHOOL AND ADDRESS: _____

SIBLINGS LIVING IN THE HOME:

Name: _____ Date of Birth: ____/____/____ Grade: _____

Name: _____ Date of Birth: ____/____/____ Grade: _____

Name: _____ Date of Birth: ____/____/____ Grade: _____

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K-5 TUITION & FEES
AGREEMENT FOR 2022- 2023 SCHOOL YEAR

Tuition:

Kindergarten	\$5600 (\$560 per month for 10 months)
1st-2th Grade:	\$5700 (\$570 per month for 10 months)
3rd -5th Grade:	\$6300 (\$630 per month for 10 months)
Multiple Child Discounts:	10% for youngest child in the family

Below are the **non-refundable** fees that are required prior to attending St. John's. These fees apply to all students, including the students receiving the Opportunity Scholarship.

1. **Kindergarten - 5th Grade Registration Fee - \$250.00 each student, due with enrollment application. This fee must be paid at the time of registration to reserve placement for your child.**
2. **Kindergarten - 5th Grade Curriculum Fee - \$300.00 each student due by July 1st.**

Tuition Payments:

Tuition Payments are processed by auto draft and are due on the 1st of each month beginning August 1st. All payments for hot lunch, extended care, are considered late after the 5th of each month. Late Fees are 10% of account balance and will be applied and due immediately.

All account balances must remain current in order to maintain enrollment, for re-enrollment and/or to sign up for any camps. Accounts that become 30 days past due may result in your child(ren) being suspended from St. John's Lutheran School.

Banking Fees: Will be applied to your account for checks returned or auto-drafts denied due to insufficient funds.

Lunch Fees (optional): \$5.50 per lunch per student; .50 cents per drink, **and are to be pre-paid.** Parents are responsible for supplying a student with a nutritious lunch daily while in school.

Extended Care: We offer extended care for all students. The cost is **\$7.00 per hour** or **\$250.00 per month.** If your child is not picked up by 3:10 pm, he/she will be sent to extended care and your account will be charged for the amount of time he/she is in extended care. All children must be picked up by **6:00pm**. Past 6:00pm you will be billed a dollar per minute.

Enrollment after first day of school: Registration, Curriculum and first month of tuition are due at time of registration.

Withdrawal from school: To terminate enrollment, parents must fill out the Intent to Withdraw Form. In the event of student withdrawal after registration, all accounts must be paid up to and including the month in which the student is withdrawn. If the full year was paid in advance, only the equivalent remaining tuition installments are refundable. There are no refunds of any kind after March 1st of the current school year.

I HAVE READ, UNDERSTAND AND AGREE TO BE RESPONSIBLE FOR PAYING REGISTRATION, CURRICULUM FEES, TUITION, AND ANY PENALTIES AS DESCRIBED ABOVE.

Parent or Guardian Signature

Date

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CHECKLIST:

Please use this checklist to help complete the admissions process. Each item must be completed and submitted to the school office before the application will be considered complete.

The following are a required part of the admissions process:

- ___ Application for Enrollment (Returning families- Please update and file again)
- ___ Signed Statement of Faith document
- ___ Signed K-5 Tuition and Fees Agreement
- ___ Emergency Care and Desired Action (Returning families- Please update and file again)
- ___ Permission & Release
- ___ Letter of Reference (from most recent teacher) – New Students only
- ___ Student Records from previous school (Students entering 1st through 5th grade, please submit current progress report, report card, and discipline records at the time of interview.) Once accepted and prior to school starting we will request records from the school.)
- ___ Copy of updated Immunization Record.
- ___ Photocopy of Birth Certificate (IF NOT on file)
- ___ Child's Medical Report*
- ___ Authorization for Medical Administration (Only required if child needs medication during school hours.)
- ___ Extended Care (Optional)
- ___ Auto Draft Form

*A Physician's Medical Statement, indicating that your child has been examined and properly immunized, must be filled out and submitted to the school office by all new students entering K – 5. **The Physician's Medical Statement must be dated within one year's time prior to the first day of school.**

The fee schedule for St. John's is as follows:

- | | | |
|--------------------------|-------|---|
| Early Registration Fee: | \$150 | Offered only to current School Families – January 31 – February 14 |
| Registration fee: | \$250 | <u>Due with Application for all school families after February 14th</u>
The Registration fee is a non-refundable fee to secure a student's placement. |
| Curriculum/Activity Fee: | \$300 | Due July 1, 2022 |

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Emergency Care and Desired Action Information

Child's Name: _____

List those who your child may be released to (for your child's protection photo ID may be asked for):

Name	Relationship	Home #	Work #	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health Insurance Carrier _____

Policy #: _____ Group #: _____

Name of Child's Physician: _____ Office Phone #: (____) _____

Office Address _____

Does the child have any known allergies? _____ Yes _____ No If yes, please explain? _____

Does the child have physical handicaps: _____ Yes _____ No If yes, please explain? _____

List any maintenance medications: _____

Medical conditions your child has: _____

List any fears, unique behavior, etc. your child may have (use additional paper if needed) _____

If neither parent is reachable, whom may we release your child to in case of illness or emergency? (for your child's protection photo ID may be asked for):

Name	Relationship	Home #	Work #	Cell #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If your child will need to take prescription medication at school, you will be required to fill out a separate form for each medication. All prescription medications taken at school must have a current pharmacy label with clear instructions for use.

Preferred Hospital _____

In case of serious injury/accident or accident requiring immediate medical attention, the student will be taken to the nearest hospital

I agree that St. John's School may authorize the physician of their choice to provide emergency care in the event that neither parents nor the child's physician can be contacted immediately. I give permission to St. John's Lutheran School and its staff to administer First Aid and/or CPR if needed. I understand that multiple staff members are First Aid trained and CPR certified. I also give permission to St. John's Lutheran School and its staff to obtain medical treatment in the event of an emergency. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

Parent Signature _____ **Date** _____ / _____



PERMISSION TO USE PHOTOGRAPHS/VIDEOS AND RELEASE (PLEASE CHECK THE APPROPRIATE BLOCK)

_____ I give St. John's Lutheran School permission to use photographs/videos of my child(ren) for the purpose of classroom/school display, class projects, school brochures/advertising, including school website, face, book, social media such as news articles, and news station interviews.

_____ I do not want my child(ren) photograph/videos used for any reason. Photos can be placed in the St. John's Lutheran School yearbook.

LIABILITY RELEASE

_____ I give permission for my child(ren) to participate in St. John's Lutheran Church and School activities, including sports, gym, P.E., field trips, playground, and on-site outdoor activities. By granting permission for my child(ren) to participate in these activities, I release St. John's Church and School, its employees, volunteers, and any entity associated with St. John's Lutheran Church and School from liability for any incident or injury which may incur during normal participation in the activities and locations listed above. I understand that St. John's Church and School provides, a safe environment for children, that all activities are age and developmentally appropriate, and that all children and activities will be well supervised by persons 18 and older.

INTERNET SAFETY POLICY/APPROVAL

_____ I give permission for my child(ren) to be allowed to use computers at St. John's Lutheran School.

1. Students will use the Internet only with permission from the teacher.
2. When students are using the Internet, they cannot give out any personal information, such as names, addresses, telephone numbers, etc.
3. Students will notify the teacher immediately if they see any inappropriate information and/or any information that makes them feel uncomfortable.
4. Students must stay in approved, appropriate areas of the internet.
5. Failure to follow school Internet policies could result in loss of Internet/Computer privileges.

VOLUNTEER DRIVER COMPLIANCE

We, the undersigned, assure St. Joh's Lutheran School of the following:

1. When transporting children for curricular or extra-curricular activities of the school, only licensed drivers over twenty-one years of age will be allowed to drive.
2. That we carry at least the minimum liability insurance coverage required by the state of North Carolina.
3. The driver of our vehicle will not have been convicted of reckless driving, operating a motor vehicle while under the influence of an intoxicant or of a controlled substance, or any other type of unsafe driving within the previous five years.
4. All children transported in our vehicle will be seated in permanently mounted seats which face forward.
5. All children transported in our vehicle will use seat belts in compliance with state law.
6. We will provide St. John's Lutheran School with copies of a valid North Carolina Driver's License and a current insurance card showing coverages.
7. A private vehicle transportation form will be file in school office and approved by authorized administrator prior to taking students/parents/staff off campus.

Parent/Guardian signature: _____ Date: _____

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Child's Medical Report Date: _____

Name of Child: _____ Birth Date: _____
Name of Parent/Guardian: _____
Address of Parent/Guardian: _____

MEDICAL HISTORY (may be completed by parent)

Does the child have any allergies? Yes ___ No ___ If yes, what? _____

Is child currently under a doctor's care? Yes ___ No ___ If yes, for what reason? _____

Is the child on any continuous medication? Yes ___ No ___ If yes, what? _____

Any previous hospitalizations or operations? Yes ___ No ___ If, yes, when and for what? _____

Any history of significant previous diseases or recurrent illness?

Diabetes: Yes ___ No ___ Convulsions: Yes ___ No ___ Heart Trouble: Yes ___ No ___
If others; what/when? _____

Does child have any physical disabilities? Yes ___ No ___ If yes, please describe _____

Does child have any mental disabilities? Yes ___ No ___ If yes, please describe _____

Signature of Parent/Guardian: _____ Date: _____

PHYSICAL EXAMINATION: This examination must be completed and signed by a licensed physician, or his authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Height: _____% Weight: _____% Head: _____ Eyes: _____

Ears: _____ Nose: _____ Teeth: _____ Throat: _____ Neck: _____

Heart: _____ Chest: _____ Abd/GU: _____ Ext: _____ Skin : _____

Neurological system: _____

Results of Tuberculin Test, if given: Type: _____ Date: _____ Normal? Yes ___ No ___

Should physical activities be limited? Yes ___ No ___ If yes, please explain? _____

Any other recommendations: _____

Signature of authorized examiner & title: _____

Date of examination: _____ Office phone: _____

Office address (may use stamp): _____

*******PLEASE ATTACH RECORD OF CHILD'S IMMUNIZATIONS*******

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Extended Care Program
Kindergarten – 5th Grade
School Days Only

The school offers a before and after school child care program for children grades K-5 who attend St. John's. This service operates on school days only.

Mornings: Doors open at 7:30 am. There is no charge for K-5 grade students for morning care.

After School: Students not picked up by 3:15 pm will be brought to extended care to ensure that they are properly supervised until the parent arrives. A charge of \$7.00 per hour will be added to your monthly statement. All charges will be billed in 1 hour increments. For example, if your child is at extended care for 15 minutes you will still be billed \$7.00. Unsupervised students are not allowed to wait in front of the school or in the lobby area regardless of their grade level.

For the convenience of our parents, we offer monthly extended care and "drop-in" extended care. Extended care is available from dismissal time till 6:00pm. Please select from below the program that best fits your childcare needs.

I wish to enroll my child(ren) _____ Grade _____ in the Monthly Extended Care Program. I agree to pay a monthly fee of \$250 per child. Please give a one month written notice to withdraw.

I wish to enroll my child(ren) _____ Grade _____ in Extended Care for "drop-in" (occasional use only) at the rate of \$7.00 per hour per child starting at 3:15 pm. I will notify my child's teacher if he/she will be staying for extended care.

Parent Signature _____ Date _____

Start and Dismissal Times (K-5)

Drop-Off : 7:30 AM

- Pre-School – Drop-off time begins: 7:30, Dismissal at 12 noon (1/2 day) or 3:00 PM (Regular Day)
- Kindergarten – Start Time: 8:15am, Dismissal: 2:45pm
- 1st - 5th Grade – Start time: 8:15am, Dismissal: 3:00pm

Early Dismissal Days (K-5)

- Grades Kindergarten dismisses at 11:45am
- Grades 1st – 5th dismiss at 11:50am
- Pre-School has regular day unless weather related early dismissal

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Complete the entire application below, and please don't forget your signature.

Attach a VOIDED check to this completed application if using bank draft.

Authorization for Auto Draft

Auto Draft is an automatic bank account or credit card withdrawal system for paying your monthly tuition.

I authorize St. John's Lutheran School and my financial institution to deduct from my bank account the total amount of my monthly bill on the 1st business day of each month starting August 1st and ending on May 1st.

Last Name: _____ First Name: _____ MI: _____

Name of Financial Institution _____

Bank Routing # _____

Bank Account # _____

Account to be drafted (Check one) Checking Savings

Auto Draft Permission for: (Initial Applicable) Tuition Extended Care Lunch Fees

Attach VOIDED Check:

Signature

Date

A fee will be applied to your account for non-sufficient drafts. This fee will be based upon the amount the bank charges St. John's.

To cancel auto draft payment, please give the office a 15-day notice prior to the next draft date.

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Letter of Reference
(Mail or fax to the above referenced)

Please complete this letter of reference for: _____

Person completing reference: _____

Title/position: _____

School: _____ Years taught/known student: _____

Dear Teachers: Please be candid as you share information about the student. This information is and will remain confidential. Please respond with information regarding the student's conduct, and development emotionally, and physically. Other questions that may be helpful: Do you have concerns about the student? What are the student's strengths?

- I recommend this student without reservation.
- I recommend this student with some reservation.
- I do not recommend this student.

Signature: _____

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AUTHORIZATION FOR MEDICATION ADMINISTRATION IN SCHOOL

Name of student: _____ Date of Birth: _____

Grade: _____ School Year: _____

TO BE COMPLETED BY PHYSICIAN/MEDICAL PROVIDER

Prescribing Health Care Clinician: _____ Phone Number: _____

In order to keep this student in optimum health and to help maintain maximum school performance, it is necessary that this medication be given during school hours:

Check type of medication: ___ Prescription ___ Emergency/Rescue ___ Over-the-Counter

Medication: _____ Dosage _____ Time _____

Medication: _____ Dosage _____ Time _____

Note: "Lunch time" may vary between 11:30-1:00

If medication is to be given only as needed, please indicate specific circumstances when medication:

Should be given: _____

Special instructions: _____

Side effects: _____

Student understands the use of his/her emergency medication and has been instructed how to self-administer such medication. ___ Yes ___ No

Signature of Physician/Medical Provider: _____ Date _____

TO BE COMPLETED BY PARENT

I hereby give permission for my child _____, to receive the above prescribed medications during school hours. I agree to send the medications to school in the container originally labeled by a pharmacist and which has written on it: my child's name, the name of the medication, the dosage(s) to be given, and the time and manner the medication is to be given.

I also agree to provide the above prescribed over-the-counter medications in the original labeled container(s) with my child's name written on the original container, with the dosage(s) to be given and the time and manner medication is to be given.

I hereby release St. John's Lutheran School, its employees and agents from any and all liability that may result from my child taking the above prescribed medication, the above-named over-the-counter medication or for the loss of the medication by my child while at school or a school activity.

Signature of Parent/Guardian: _____ Date: _____

Phone Number for the Parent/Guardian: _____

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EMERGENCY CARE AND DESIRED ACTION INFORMATION FOR TEACHER AND EXTENDED
CARE STAFF

PLEASE RETURN TO OFFICE

Child's Name _____

List those who your child may be released to for pick-up after school or in case of illness or emergency.

(FOR YOUR CHILD'S PROTECTION, ID MAY BE ASKED FOR AT ANYTIME)

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

In order to keep this student in optimum health and to help maintain maximum school performance, it is necessary that this medication be given during school extended care hours:

List any maintenance medications:

Prescribing Health Care Clinician: _____ Phone Number: _____

Check type of medication: _____ Prescription _____ Emergency/Rescue _____ Over the Counter

Medication: _____ Dosage _____ Time _____

Medication: _____ Dosage _____ Time _____

If medication is to be given only as needed, please indicate specific circumstances when medication:

Should be given: _____

Special instructions: _____

Side effects: _____

Signature of Parent/Guardian: _____ Date: _____

Phone Number for the Parent/Guardian: _____

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PROSPECTIVE STUDENT INFORMATION Date: _____

LAST NAME	FATHER NAME	MOTHER NAME
	FATHER EMPLOYMENT	MOTHER EMPLOYMENT
ADDRESS		EMAIL ADDRESS
CITY/STATE/ZIP		
HOME PHONE	WORK PHONE	CELL PHONE

CHILDREN	GRADE	SCHOOL YEAR	BIRTHDATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRESENTLY ENROLLED AT SCHOOL: _____ CITY: _____

REASON FOR CONSIDERING ST. JOHN'S LUTHERAN SCHOOL: _____

CHURCH MEMBERSHIP AND INTEREST: _____

HOW DID YOU HEAR ABOUT ST. JOHN'S LUTHERAN SCHOOL (CHECK ALL THAT APPLY)?

- Noticed school while driving by
 Website
 Facebook
 Recommended by _____
 Magazine or Newspaper ad
 Other _____

For SJLS Use
Contact Log

Date	Method	Materials

Special Notations: _____ Considering Church Membership Yes No