

January 29, 2009

Dear Families of Faith Lutheran School,

Pre-registration is beginning for the 2009-2010 school year. We are looking forward to seeing many of you return and would like to encourage our currently enrolled families to register first. It is also time to consider enrolling the younger siblings of our currently enrolled students. We would love to have them join us for all the fun and learning as well! Faith Lutheran Church opened its church-sponsored school in the fall of 2000. The Lord has blessed us with fantastic students and wonderfully supportive families and church members. We want to continue to serve the families of our community and offer a quality program for your child.

Restricted early enrollment, only open to current school and church families, begins on Monday, February 2, and closes on Friday, February 27. Regular open enrollment begins on Monday, March 2, and ends on Friday, May 1. Late enrollments will continue to be accepted after May 1, subject to availability.

Please find enclosed the registration materials needed for the 2009-2010 school year. Please read over everything carefully and complete all the necessary forms. The tuition schedule remains the same as it has for the past two years. This monthly tuition includes all regular activities and snacks. However, some field trips may require payment of an additional fee for entrance to that event.

The 2009-2010 tuition schedule is as follows:

Tues-Thurs preschool for 3-4 year old students:	\$ 98.00 per month
Mon-Wed-Fri preschool for 4-5 year old students:	\$145.00 per month
Tues-Wed-Thurs preschool for 4-5 year old students:	\$145.00 per month
Mon-Fri Kindergarten Prep for 4-5 year old students:	\$240.00 per month
Afternoon Enrichment for all ages:	varies based on number of afternoons selected per month

The 2009-2010 registration fee schedule is as follows:

If enrollment is completed by May 1, 2009:	\$ 40.00 per year
If enrollment is completed after May 1, 2009:	\$ 55.00 per year

The School Board would like to encourage you to recommend Faith School to your friends. Any currently enrolled family who refers a new student for enrollment will receive a \$25.00 rebate off their child's tuition in the next month following the new student's enrollment and first month's paid tuition. Unfortunately, the rebate does not apply if the new student is a family member.

Please fill out all forms completely and return them and your registration fee, to the School Director or the church office. NOTE: Registration is complete and a space is held for your child only when we receive all enrollment forms and the full registration fee. (Exception: the green "Child's Health Record," which must be filled out by a health professional, is due by the first day of class in September.)

Enclosed you will also find a School Supply List for the school year. The supplies may be brought to school anytime during the first week of school. We thank you in advance for your help with the supplies as it allows the school to operate without a tuition increase for this school year.

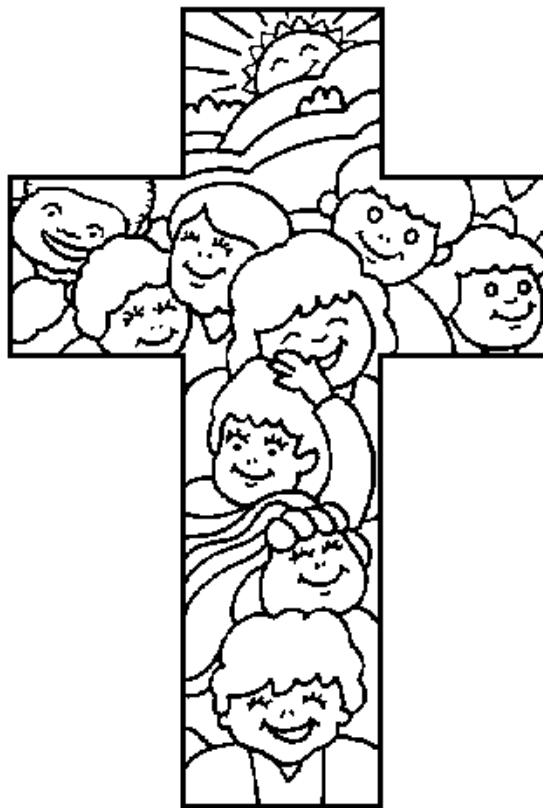
If you have any questions or concerns regarding the registration process or classes, please contact the School Director or the church office (687-2303).

We look forward to seeing you at Faith Lutheran School in September!

REGISTRATION FORMS

School Year 2009-2010

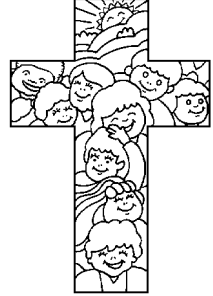
FAITH LUTHERAN SCHOOL



1310 EVERGREEN HEIGHTS DRIVE
WOODLAND PARK, COLORADO
(719) 687-2303

Faith Lutheran School

1310 Evergreen Heights Drive / Woodland Park, CO
phone: (719) 687-2303 / fax: (719) 687-4576



REGISTRATION FOR SCHOOL YEAR 2009-2010

Enrollment date: _____

Child's full name: _____

Name child goes by: _____ Social Security #: _____

Date of birth: _____ Sex: M / F (circle one)

Child's home address: _____

Child's mailing address: _____

Home phone number: _____ Cell phone or pager #: _____

Email address: _____

I wish to enroll my child in the:

_____ 4-5 year old Kindergarten Prep: M-Tu-W-Th-F, 8:45 a.m.-12:00 p.m.

_____ 4-5 year old Preschool: Tu-W-Th, 8:45 am.-12:00 p.m.

_____ 4-5 year old Preschool: M-W-F, 8:45 am.-12:00 p.m.

_____ 3-4 year old Preschool: Tu-Th, 8:45 a.m.- 12:00 p.m.

Please note: Students in any 4-5 year old program must be at least 4 years old by October 1, 2009; students in the 3-4 year old program must be at least 3 years old by October 1, 2009. Classes are formed subject to sufficient enrollment in a given program.

Please mark your first, second, and third preferences for your 4-5 year old student. If we receive insufficient enrollment for your first choice, we will enroll your student in your second or third preference, in that order.

I was (we were) referred to Faith School by: _____

Family Information

Mother's name: _____ Phone: _____

Mother's address (if different from child's): _____

Mother's occupation and place of employment: _____

_____ Phone: _____

Father's name: _____ Phone: _____

Father's address (if different from child's): _____

Father's occupation and place of employment: _____

_____ Phone: _____

Brothers and/or sisters (please indicate ages and whether they live in the same household as the child):

Name	Age	Live in same household with child?
------	-----	------------------------------------

List any other persons living in the household with the child and their relationship: _____

Please list your family's church affiliation: _____

Has your child been baptized/dedicated? Yes / No If yes, date: _____

Emergency contacts

If we are unable to reach one of the child's parents, please list two individuals that we could contact in the event of an emergency.

Name	Relationship to Child	Phone
------	-----------------------	-------

Who will usually bring the child to school? _____

Please list any and all persons authorized to pick this child up from school: _____

List any persons who may NOT pick this child up from preschool: _____

Personal History

Has your child had previous group interaction or preschool experience? _____

If so, where and when? _____

Is your child right-handed or left-handed? _____

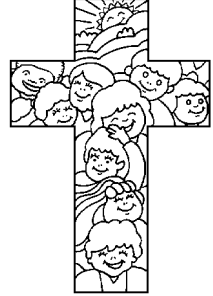
Please list any allergies your child has: _____

Please list any medical problems that your child has that we should be aware of: _____

Please add any additional information related to your child's likes and dislikes, play habits, eating habits, and what comforts them when they are upset. If you would like, you can tell us what your child's concept of God is.

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AFTERNOON ENRICHMENT INTEREST FORM FOR SCHOOL YEAR 2009-2010

An Afternoon Enrichment program is offered at Faith School, to offer students additional enrichment activities beyond the limits of our morning school hours, and to offer parents an extended school day if they wish or need. Afternoon Enrichment will offer activities each day. Special optional supplemental activities (such as gymnastics or music) may also be offered, at additional cost.

Students are not required to be enrolled in a morning program in order to enroll in Afternoon Enrichment, and may enroll in Afternoon Enrichment without being enrolled in a morning school program. Afternoon Enrichment students must be enrolled for a complete semester (September through December and/or January through May) and are obligated for payment of a complete semester's tuition, on a monthly basis.

Afternoon Enrichment hours are from 12:00 noon to 3:00 pm. Children should bring a lunch with them on days they are in Enrichment. After lunch, all children will be provided a rest period of at least 30 minutes, with quiet activities for children who do not sleep.

Afternoon Enrichment Tuition *

1 afternoon per week:	\$50.00 per month **
2 afternoons per week:	\$98.00 per month **
3 afternoons per week:	\$145.00 per month **
4 afternoons per week:	\$190.00 per month **
5 afternoons per week:	\$235.00 per month **
Mondays or Fridays only:	\$45.00 per month **

* If not enrolled in a morning program, a \$50.00 registration fee is required at time of enrollment.

** Involvement in some supplemental activities may incur an additional fee per activity.

All children must be picked up by 3:00 pm. A late fee of \$1.00 per minute will be charged after 3:10 pm.

If you are interested in Afternoon Enrichment, please indicate by circling above how many and which afternoons you desire, then sign and return this form with the Registration Packet materials.

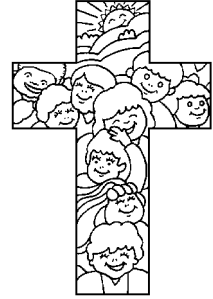
Child's Name: _____

Parent Name(s): _____

Signature: _____

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MEDICAL EMERGENCY AUTHORIZATION CARD, SCHOOL YEAR 2009-2010

Child's name: _____

Birth date: _____

Address: _____

Home phone: _____ Social Security #: _____

Mother's name: _____ Father's name: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Name of relative/friend: _____

Home phone: _____ Work phone: _____

Applicable Medical Information and Allergies: _____

Child's physician: _____ Phone: _____

Address: _____

Child's dentist: _____ Phone: _____

Address: _____

Insurance company: _____

Policy #: _____ Phone: _____

Preferred hospital: _____

Special instructions if child is injured or ill: _____

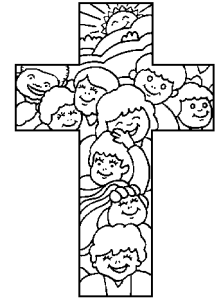
Medical Release: I authorize Faith Lutheran School of Woodland Park, Colorado to seek emergency medical treatment for my child, _____. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital, if possible, or to the closest available facility.

Parent's/guardian's signature _____

Date _____

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CHILD'S HEALTH RECORD, SCHOOL YEAR 2009-2010

(This form is to be filled out by a licensed physician, physician's assistant, or nurse practitioner who has seen the child within the last 12 months. Please return this form directly to the school by mail or by fax transmission.)

Child's Name: _____ Sex: _____ Birth date: _____

Address: _____

Past illnesses (check those the child has had and give approximate dates):

- | | | |
|--|--|---|
| <input type="checkbox"/> Chicken pox _____ | <input type="checkbox"/> Rubeola _____ | <input type="checkbox"/> Rubella _____ |
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Hay Fever _____ | <input type="checkbox"/> Diabetes _____ |
| <input type="checkbox"/> Whooping Cough _____ | <input type="checkbox"/> Poliomyelitis _____ | <input type="checkbox"/> Epilepsy _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Other _____ |

This child is is not physically or emotionally able to participate in the above named school program.

Comments: _____

Surgery/accidents/illness/chronic or handicapping problems: _____

Describe any physical condition requiring special attention by school staff: _____

Medication(s) prescribed: _____

Allergies that school staff should be aware of: _____

Prescribed routine: _____

Dental: _____

- No visible decay Decay present Exam recommended

Child's Dentist: _____

Address: _____

Phone: _____

Tuberculin test given: Yes No Date: _____ Result: _____

Vision screening: _____ Hearing screening: _____

Date of most recent examination of child: _____

Signature of licensed physician, physician's assistant, or nurse practitioner: _____ Date: _____

Printed name: _____

Faith Lutheran School
Permission to Transport and Release of Liability
School Year 2009-2010

By signing below, I/we am/are giving Faith Lutheran School and its staff and volunteers, permission to transport my minor child, _____, on field trips with insured car pool parents. Each child must have proper behavior according to the guidelines outlined in the Parent Handbook and each child must have the proper child safety seat appropriate to their age, weight, size, and current State law requirements.

In addition, we require that parents who are transporting children must show proof of current vehicle insurance and proof of current drivers license. A copy of these items will be required to be furnished to the Teacher or Director prior to commencement of the field trip.

Faith School may occasionally take walking field trips. By signing below I am also giving Faith School permission to take my child on these walking field trips. Parents will be informed in advance of such field trips.

In addition, I/we the undersigned have legal custody of the minor student named above and I/we have given my/our consent for him/her to attend field trips being organized by Faith School. I/We understand that there are inherent risks involved in any outside activity involving travel. I/We waive and release Faith Lutheran Christian Prep School and its staff, and Faith Lutheran Church from any claims or liabilities regarding the transporting of my/our minor child to and from field trip events for the 2008-09 school year.

Further, I/we affirm that the health insurance and medical emergency forms on file are accurate at this date and will remain so, to the best of our knowledge.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Printed Name: _____

Permission for Sun Screen

School Year 2009-2010

By signing below, I am giving Faith School and its staff or volunteers, permission to put sun screen on my child as necessary.

We will use _____ brand sun screen. If your child has an allergy to any particular sun screen product, please let us know and we will make other arrangements for your child.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Printed Name: _____

Permission to View Videos/DVDs

School Year 2009-2010

The children at Faith School will occasionally view videos as a teaching tool. These videos will be of a subject matter that is appropriate for preschool children (rated "G").

By signing below, I am giving Faith School permission to show videos to my child.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Printed Name: _____

Permission to Utilize Child Photos

School Year 2009-2010

Faith Lutheran Church has a web site used to inform the public of our ministries and activities. We will occasionally put pictures of members, staff, and church and school activities on this site.

By signing below, I am giving permission for Faith Lutheran Church to display photos that may include my child's image on the Church web site. In most cases my child will be shown as a part of a group and not individually. I understand that no individual child will be identified by name and that the pictures are only for the purpose of informing the public about church and school activities.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Printed Name: _____

Faith Lutheran School

School Supply List School Year 2009-2010

All children should bring:

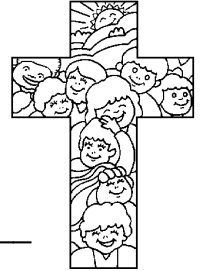
- 1 large box of Kleenex
- 1 box of 5-oz paper cups for snack time (90-100 count)
- 1 roll of paper towels
- 1 package of Wet Wipes
- 1 bottles of anti-bacterial hand soap
- 1 box sandwich size zip-lock bags (50 count)

Additionally, children in these classes should bring:

3-4 year old students (2 mornings/week)	4-5 year old students (3 mornings/week)	Kindergarten Prep students (5 mornings/week)
1 bottle hand sanitizer	1 box crayons (24 ct.)	1 box crayons (24 ct.)
1 box crayons (16 ct.)	2 pkgs washable markers (Classic colors)	2 pkgs washable markers (Classic colors)
1 pkg washable markers (Classic colors)	4-6 #2 pencils	4-6 #2 pencils
1 4-oz. bottle school glue	2 4-oz bottles school glue	2 4-oz bottles school glue
1 tray watercolors	1 pkg glue sticks (5-6 ct.)	1 pkg glue sticks (5-6 ct.)
1 pkg glue sticks (5-6 ct)	1 tray watercolors	1 tray watercolors
1 pencil box	1 student scissors	1 students scissors
	1 spiral notebook, wide ruled (70 pgs)	1 spiral notebook, wide ruled (70 pgs)
	1 pencil box	1 pencil box

*Please do not put your student's name on any school supplies,
as they will be for community use.*

Student Information Quick Reference
School Year 2009-2010



Student Name: _____

Address: _____

Birthday: _____ Home Phone: _____

Email Address: _____

Mother's Name: _____ Her Daytime Phone: _____

Father's Name: _____ His Daytime Phone: _____

Emergency Contact & Phone: _____

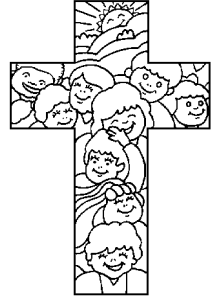
Applicable Medical Information and Allergies: _____

Comments: _____

Transportation to and from School: _____

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POLICY AGREEMENT FORM, SCHOOL YEAR 2009-2010

Please read each statement below and then place your initials in the box beside the statement to indicate your understanding and agreement of the policy.

Initials:

<p>I am the parent or legal guardian of _____ <small>(name of student)</small></p> <p>I agree to abide by the requirements and policies set forth in these enrollment forms and the Faith Lutheran School Handbook. In return, Faith School agrees to provide care and instruction for the above named child that meets the standards and guidelines outlined in the Faith Lutheran School Handbook. I understand that my child cannot attend school until this form has been completed and signed.</p>	
<p>The established fees and tuition amounts will be in effect until I sign a new agreement. I understand that all fees and tuition will be paid in advance and that services will not be provided without advance payment.</p>	
<p>I understand that a Registration Fee is required at the time that I enroll my child in Faith School. If I take my child out of school for one (1) month or longer and tuition has not been paid to hold my child's place in class, then I will need to pay the registration fee again to re-enroll my child in Faith School.</p>	
<p>Tuition payments are due on the first day of each month and are late if not paid by close of business on the 10th day of each month. Late tuition payments will incur a late fee of \$25.00.</p>	
<p>Tuition for the 2009-2010 school year: 2-mornings per week : \$98.00 per month; 3-mornings per week: \$145.00 per month; 5-mornings per week: \$240.00 per month. Tuition amounts are established based on an annual tuition schedule, payable on a monthly basis. The tuition amount remains unchanged each month, no matter the number of classroom days in a given month.</p>	
<p>Fees and tuition payments must be made by check or money order only. No cash payments will be accepted. There will be a \$25.00 fee assessed for all returned checks.</p>	
<p>If my child is not picked up at the dismissal of class, I will pay a required "babysitting" fee of \$1.00 per minute after the first 15 minutes.</p>	
<p>If I withdraw my child from Faith School, written notice to the School Director is required four weeks in advance. If four weeks' advance notice is not given, I understand that I am responsible for the payment of the equivalent of four weeks' tuition.</p>	

 Parent/Guardian Printed Name

 Signature

 Date

For Office Use Only:

Child enrolled: ___ 2 days ___ 3 days ___ 5 days

Effective date: _____ Tuition per month: _____

Faith Lutheran School

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Dear Faith School Families,

As we approach a new school year, we want to make you aware of a convenient option for the payment of tuition. *Simply Giving*® enables Lutheran education institutions to receive tuition payments and donations through electronic funds transfer (EFT) from the bank account of your choice.

Electronic funds transfer is convenient, reliable, and safe – safer than writing a check, since it can't be lost or stolen. There is no cost to you or to Faith School to participate in the *Simply Giving*® program. Thrivent Financial for Lutherans, a fraternal benefit organization, pays all transaction fees as a gift in support of Lutheran educational institutions.

To enroll in the program, please complete the enrollment form attached and return it to the school. Instructions for completing the form are on the back of the form.

We encourage you to consider using the *Simply Giving*® program to pay your tuition and to give donations to Faith School this school year. If you have any questions about the program or your enrollment, please call the church office at 687-2303.

Yours in Christ,

Faith Lutheran School Board



Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran school benefitting from your giving.

Complete this section for ALL ENROLLMENTS (please print in black ink)			
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization* <input type="checkbox"/> Change in bank account* <input type="checkbox"/> Change in authorized amount	Last Name _____		First Name _____
	Mailing Address _____		
	City _____	State _____	Zip _____
Payments/donations should be taken from: <input type="checkbox"/> Checking acct (attach a voided check) <input type="checkbox"/> Savings acct (attach a savings deposit slip)		REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.	
Routing Number _____ <i>valid routing # must start with 0, 1, 2, or 3</i>		Account Holder Signature _____	
Account Number _____		Date _____	
* ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY			

Complete this section for LUTHERAN SCHOOL TUITION PAYMENTS			
School Name: Faith Lutheran School		Street Address: 1310 Evergreen Heights Drive	
City: Woodland Park		State: CO	Zip: 80863-3304
(a) Total annual tuition for all family members	\$ _____	Date of First Payment: _____ Date of Last Payment: _____	
(b) Number of payments (see below)	\$ _____		
(c) Amount of each payment (a ÷ b)	\$ _____		
Contact your school for information on: <ul style="list-style-type: none"> • Date the first and last payments are due • Date that monthly transactions must occur 			

Complete this section for LUTHERAN SCHOOL DONATIONS			
School Name: Faith Lutheran School		Street Address: 1310 Evergreen Heights Drive	
City: Woodland Park		State: CO	Zip: 80863-3304
School Fund Designations:	Amount Per Donation:	Frequency of Donation: (Please check only one)	
Faith School General Operations	\$ _____	<input type="checkbox"/> Monthly on the 1st	
Faith School Scholarship Fund	\$ _____	<input type="checkbox"/> Monthly on the 15th	
Total Donation Amount	\$ _____	Date of first donation: _____	
		Date of last donation: _____	

*** REQUIRED *** MUST BE COMPLETED BY SCHOOL		
Congregation / Institution Code _____	Envelope/Student/Participant Number _____	Verifier Initials _____



The *Simply Giving*® Program

Through *Simply Giving*®, your tuition payments and donations are made through a pre-authorized withdrawal from your bank account. You determine the frequency of your automatic donation – weekly, semi-monthly, or monthly – the option is yours. **Note: The date the monthly tuition payment is transferred from your account to the school account is predetermined by the school.** Your donation or payment is deposited into the School's bank account on the same day it is withdrawn from your account.

Benefits to you and Your School

Simply Giving® is a reliable, safe way to move your donation plan into action. It allows you to share your donations through planned giving and activates your generosity into ongoing stewardship. Because your donation is given consistently, you won't need to play "catch-up" at year end or worry about forgotten checkbooks or missed donations. But you're not the only one that benefits. Your School benefits from steady, more predictable revenues through the year, more efficient bookkeeping, and greater confidence in meeting its financial commitments.

This program is also a convenient way to pay tuition at your Lutheran School. *Simply Giving*® provides an easy, no-cost way for the school to collect tuition, and allows the school to benefit from consistent cash flow. Your tuition payments are made to the school through a pre-authorized withdrawal from your bank account and deposited on the same day into the school's bank account.

Why does Thrivent Financial for Lutherans offer the *Simply Giving*® program?

Thrivent Financial for Lutherans offers *Simply Giving*® to further the mission of serving Lutheran congregations and institutions.

Who do I call if I have more questions about the *Simply Giving*® program?

Contact the institution benefitting from your giving. Your Thrivent Financial representative may also be able to answer your questions.

How do I cancel or change my authorization?

Contact the institution benefitting from your giving.

How do I participate?

First make sure the institution you wish to benefit is enrolled in *Simply Giving*®. Then complete the form on the reverse side and return it to the school that will benefit from your giving.

Enrollment Instructions:

1. Using black ink, complete the personal information section including name, address, and telephone numbers.
2. Indicate whether this is a new enrollment/ authorization, a change in amount, or a change in bank account.
3. Indicate the account type, routing number, and account number. Attach a voided check or savings deposit slip to the enrollment form for a new enrollment or change in bank account.
4. **Sign and date the Account Holder Signature section.**
5. Complete the appropriate section with the institution name and address that will benefit from your giving.
For your Lutheran School tuition:
 - Calculate the amount of each monthly tuition payment.
 - Determine the date of your first and last payment.For your Lutheran School donation:
 - Designate which fund(s) your donation should go to and the amount.
 - Select the frequency of your gift.
6. **Return the completed enrollment form to the Lutheran School benefitting from your giving.**

PRIVACY/CONFIDENTIALITY: The Authorization Form on the back is seen by the nonprofit Lutheran organizations enrolled in *Simply Giving*® as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.

See reverse side for Authorization Form.