



K – 8 REGISTRATION FORM

Instructions

- 1 - Download form to desktop
- 2 - Open form in Adobe Acrobat
- 3 - Fill out form
- 4 - Save form as:
COL K-8 Registration FORM_Students Last Name
- 5 - Email to: schooloffice@colwsp.org

Forms will be signed at “Back to School” registration night in August.

Note: To be considered registered, you must:

- Complete and email registration form to office
- Turn in Registration Fee (non-refundable). Make checks payable to “Crown of Life Lutheran School.”

K – 8 REGISTRATION FORM

Registration Fee (non-refundable) must be submitted with this form to be considered registered. Make checks payable to “Crown of Life Lutheran School.”

Student Last Name	Student First Name	Student Middle Name	Grade Entering	Date of Birth MM/DD/YYYY	Gender M/F	Baptized Yes/No

Ethnic Affiliation Mixed Race/Biracial Native American Latino/Hispanic African American Caucasian Asian/Pacific Islander Other _____

FIRST CONTACT Father Mother **RESIDING SCHOOL DISTRICT** _____

Father First Name _____ **Father Last Name** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ Carrier _____ (accepts texts) Yes No

Email _____ Church Affiliation (Name, synod, city) _____

Place of Employment _____ Occupation _____

Mother First Name _____ **Mother Last Name** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ Carrier _____ (accepts texts) Yes No

Email _____ Church Affiliation (Name, synod, city) _____

Place of Employment _____ Occupation _____

Family Status Married Divorced Step Parent Single Parent **Student(s) live with** Parents Father Mother Other _____

If there is a separation or divorce custody situation of which we should be aware, please explain and provide a copy of custodial agreement. We cannot deny a parent access to the child without court documentation on file. _____

FOR NEW FAMILIES ONLY

<p>Kindergarten student must provide copy of Birth Certificate.</p> <p>Transfer students must provide copy of last year's transcript.</p>	<p>Date Entering School _____ School Transferred From _____</p> <p>Reason for enrolling at Crown of Life _____</p> <p>Has your child ever been retained in a grade or promoted more than 1 level in a year? Yes No</p> <p>Has your child had any difficulty in school thus far? Yes No <i>If yes,</i> <input type="checkbox"/> <i>academically</i> <input type="checkbox"/> <i>socially</i> <input type="checkbox"/> <i>behaviorally</i></p>
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EMERGENCY & MEDICAL CONSENT

Emergency Contact 1 _____ Phone _____ Relationship to Student(s) _____

Address _____ City _____ State _____ Zip _____

Emergency Contact 2 _____ Phone _____ Relationship to Student(s) _____

Address _____ City _____ State _____ Zip _____

List any allergies, medical problems, or dietary needs _____

Will medications need to be given during school hours? *(If yes, a permission form needs to be completed.)* Yes No Does student wear glasses? Yes No

MEDICAL CONTACT INFORMATION

Medical Insurance Provider _____ Policy # _____ Group # _____

Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dentist Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Hospital Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

RELEASE

In case of an accident or illness, permission is hereby given to treat this student as required. I/We accept the responsibility for all costs thus incurred, and waive any claim against the school, association, its staff or chaperones for any and all causes which may arise in connection with the above.

Parent/Guardian Name (please print) _____ Parent/Guardian Signature _____

PERMISSION FOR USE RELEASE

I give permission for my child's work to be used in school related activities, displays and publications. Yes No Parent's Initials _____

I give permission for my child's photo to be published electronically and/or on paper. Yes No Parent's Initials _____

The staff at Crown of Life Lutheran School shall not disclose a child's record to any person other than the child, the child's parent(s) or guardian(s), the child's legal representative, employees of Crown of Life, and the commissioner unless the child's parent or guardian has given written consent or as otherwise required by the law.

How did you hear about Crown of Life School? Website Facebook Egg Hunt/Trunk or Treat Family/Friend _____
Name

I declare that the information on this form is, to the best of my knowledge, correct and complete. If there is a change to any of the above information, I will notify the school office immediately at 651-451-3832.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Registration Fee Paid _____	AMOUNT PAID	DATE

Print Name(s) of Bill Payer(s) _____ Home or Cell Number _____

Address _____ City _____ State _____ Zip _____ Email _____

TUITION RATE ELIGIBILITY

To be eligible for the discounted tuition rate you must be a current, active member of one of the following churches. Your options are:

- 1 – Crown of Life Member**
- 2 – Non-Member**
- 3 – Affiliate Church Member**
Bethlehem Lutheran, Lakeville
Grace Lutheran, So St. Paul
Pilgrim Lutheran, Mpls.
Shepherd of the Hills, IGH
- 4 – Contract Church Member**
Christ the Lord, Cottage Grove
Salem Lutheran, Woodbury
St. Andrew's, St. Paul Park
St. John's Lutheran, Hastings
St. John Lutheran, St. Paul

STUDENT(S) ENROLLED

Student _____ Grade _____
 Student _____ Grade _____
 Student _____ Grade _____
 Student _____ Grade _____
 Total # of K-8 Students _____

Select church and student(s) option using the drop down arrow below. Type in \$ amount selected

Registration fee (\$500 per student)	
Tuition Assistance Grant	
Congregation Contribution	
Raider Referral (Family Name _____ Date _____)	
Total Tuition	

PAYMENT PLAN OPTIONS

Paid in Full	
Total Amount Due August 7 (at registration)	
2 Payments	
– Payment 1 - due August 7 (at registration)	
– Payment 2 - due January 5	
9 Payments	
– Payment 1 - due August 7 (at registration)	
– Monthly payment amount (due 5th of each month September - April)	

Select which payment plan schedule you would like.

- Paid in Full**
Due Aug 7
- 2 Payments**
Due Aug 7
and Jan 5
- 9 Payments**
Due Aug 7, Sept. 5, Oct. 5, Nov.5, Dec 5, Jan 5,
Feb 5, March 5 and April 5

I have read and agree to the terms and conditions on the reverse side of this document. Upon acceptance of my child's/children's enrollment into Crown of Life Lutheran School, I agree to pay the tuition amount established for the student(s) above as outlined on the above payment plan schedule. I understand that if I fail to make payment by the specified due date such inaction will result in a late fee of \$25 per month, charged 10 days after the payment due date. A \$30 fee will apply for all all returned checks. I also understand and agree that no grades, credits, or transcripts for the above-named student(s) will be released by the school until all financial obligations to the school have been met.

Payer's Signature _____ Date _____

Crown of Life School Terms and Conditions

Late enrollment: If Crown of Life receives your enrollment form after the deadline, your first payment due date may be moved forward. We may require the first payment when you submit this form or we may establish a plan with a smaller number of higher payments. To avoid higher payments, please return this completed form to Crown of Life as soon as possible.

Refunds: Crown of Life does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments.

Late Fee: A \$25 late fee will be assessed to your account if payment is not received by the payment due date. A 10-day grace period will be given.

Dishonored payment: The following fees will be applied to your account for dishonored payments. Your bank may impose additional fees.

Returned checks: A fee of \$30 will be applied to your account for all returned checks.

Follow-up Service: In the event that your account becomes delinquent, it is your responsibility to contact the Principal at Crown of Life in order to make acceptable alternate payment arrangements.

Privacy Policy: Crown of Life (COL) is committed to respecting your privacy. Crown of Life will not sell, rent or lease your personally identifiable information to others unless we have your written permission or are required by law.

Please contact the school office at (651) 451-3832 with questions.