

Christ the Vine Lutheran School

18677 SE Hwy 212, Damascus, OR 97089
503-658-5650 website: ctvlutheranschool.org
Director: Seanna Bloemer email: sbloemer.ctv@gmail.com

School Year 2023-2024

To reserve your child's place in class for the 2023-24 school year, return this completed application with a \$150.00 registration fee by March 31st. After March 31st, the registration fee will increase to \$200.00. Registration is only refundable if CTVLS cannot provide a spot. Submission of this form does not guarantee placement. Classes are subject to minimum/Maximum enrollment numbers. One child per form. There is a non-refundable \$150.00 curriculum and materials fee, per child, due with the first month's tuition.

Child's Name _____ Date of Birth _____ M ___ F ___

Address _____ City _____ Zip _____

Baptism Date (if any) _____ Home Church (if any) _____

1st Parent Contact _____ Email _____

Home Phone _____ Cell Phone: _____ Work Phone _____

2nd Parent Contact _____ Email _____

Home Phone _____ Cell Phone: _____ Work Phone _____

Primary Caregiver: Mom & Dad ___ Mom ___ Dad ___ Grandparent ___ Other _____

How did you learn about CTV School? _____

Please mark your child's program you are requesting enrollment below. We reserve the right to add/remove class space depending on enrollment. Class times are approx. Enrollment is on a first come/first serve basis.

Classes offered for the 2023-2024 school year:

Preschool 3's class – age 3 by Sept 1st _____ Tues/Thurs. 8:45 to 11:45 a.m. \$295.00/mo

Pre K class – age 4 by Sept 1st _____ Mon/Wed/Fri. 8:45 to 11:45 a.m. \$350.00/mo

Kindergarten/1st Grade: age 5/6 by Sept 1st _____ Mon - Fri. 8:30 to 3:00 p.m.. \$595.00/mo

**Tuition discount 2% if entire year paid in full*

Payment Methods: Tuition may be paid online via our online management system Brightwheel or you can pay in cash or check to the main office. Be advised that Brightwheel may charge fees if you opt to use a credit card.

Late Fee: Tuition is due by the 5th of each month. If full payment is not received by the end of day on the 5th, a \$50.00 late fee will be applied.

Financial Aid: Applications are required annually and priority is given to returning families. Application for financial aid from returning families must be made by January 31st. Applications for new families may be submitted beginning in February. Request application from Seanna Bloemer.

Refunds for Students Withdrawing from school: Tuition payments are made in advance and will be refunded based on a prorated scale to account for the educational cost per child up to the date of withdrawal. Written Notice of withdrawal must be in given 30 day prior to departure and refund checks will be mailed, unless otherwise noted.

_____Immunizations: Every child age 3-16 entering Oregon public or private schools must present evidence that immunizations are current. Please submit your child's form to the office at the start of the school year.

_____Medical Information: Please list any health problems or conditions that might require special planning or consideration for your child's participation in regular school activities. (examples: asthma, sight or hearing issues, conditions requiring medications)?

Specific drug allergies: _____

Specific food allergies: _____

_____Special Services: Does your child receive special services through a public educational service provider or private practitioner? (examples: speech or occupational therapy)?

Authorization to Pick Up: The following people may pick up my child:

Name	Phone	Cell	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

In the event of an emergency, please contact the following people:

Name	Phone	Cell	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Permissions:

Annual school directories are published & distributed to school families which include your child's first and last name, classroom, parent's names and phone number:

_____ include us _____ please do not include us

Children's photos and first names may be displayed throughout the school/church campus, and website (Y or N): _____Website _____ School _____ Church

I give permission for the staff of Christ the Vine Lutheran School to seek and provide emergency medical care for my child. Information on this form will be made available to medical and health department personnel.

I give permission for my child to take part in all the activities at Christ the Vine Lutheran School.

Parent/Guardian_____Date_____

We are looking forward to having your child with us at Christ the Vine Lutheran School. Please take a few minutes to answer these questions so that we can get to know you and your child.

Child's full name _____

Name your child likes to be called _____

Student's brothers and sisters

Name

Date of Birth

Has your child had a previous school experience?

_____ No _____ Yes, at _____

Please describe your child for us: _____

Please describe your child's feelings about starting the school year: _____

How does your child do in a group setting? _____

Do you have any concerns about your child's development? _____

What are your expectations for the school year for your child? _____

Please have your child draw a self portrait:

Have your child write their name and age as best they can, on their own:

Name

Age