

# **Christ the Vine Lutheran School**

18677 SE Hwy 212, Damascus, OR 97089  
503-658-5650 website: [ctvlutheranschool.org](http://ctvlutheranschool.org)  
Director: Seanna Bloemer email: [sbloemer.ctv@gmail.com](mailto:sbloemer.ctv@gmail.com)

## **School Year 2024-2025**

To reserve your child's place in class for the 2024-25 school year, return this completed application with a \$175.00 registration fee by February 28th. After March 1<sup>st</sup>, 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 \_\_\_\_\_

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

### **Classes offered for the 2024-2025 school year:**

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

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

**Kindergarten** – age 5 by Sept 1<sup>st</sup> \*\* \_\_\_\_\_ Mon - Fri. 8:30 to 3:00 p.m. \$595.00/mo

**1<sup>st</sup> / 2 Grade** – age 6/7 by Sept 1<sup>st</sup> \_\_\_\_\_ Mon - Fri. 8:30 to 3:00 p.m. \$595.00/mo

*\*\*Please note we have an early entry option for Kindergarten upon approval process*

**Child's T-shirt Size** (circle 1): XS S M L XL

**Payment:** Tuition may be paid in the main office by way of check or cash, or you can use our online management system Brightwheel. Please be advised that Brightwheel may charge fees if you opt to use a credit card. If you wish to pay for the entire year of tuition in full at the beginning of the school year a discount of 2% will be applied. **Late Fee:** Tuition is due by the **5<sup>th</sup> of each month**. If full payment is not received by the end of the day on the 5<sup>th</sup>, a \$50.00 late fee will be applied if arrangements were not made with the director Seanna Bloemer.

**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 31<sup>st</sup>. 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 (circle) YES / NO

Christ the Vine staff will be taking and displaying photographs and videos to display at church, on bulletin boards and church/school (public) websites. If you prefer us not to use your child's photo, please submit a written withdrawal of permission to the Director.

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.

How did you learn about CTV School? \_\_\_\_\_

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:

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Name

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Age