

Student Name \_\_\_\_\_

Grade Enrolling In \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ New Student \_\_\_\_\_ Returning Student \_\_\_\_\_

School Application for Enrollment 2021-2022



How did you hear about us?  Website  Downtown Anaheim Event  OCPA Fair  Advertisement  Referral

Current Student \_\_\_\_\_  Other \_\_\_\_\_

-----  
**OFFICE USE ONLY**

REGISTRATION FEE PD: No/ Yes / Payments \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TUITION PAYMENT: \$ \_\_\_\_\_

IMMUNIZATION RECORDS: Yes/ No Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Immunization records required before school start date.

SMART TUITION PAYMENT FORM RECEIVED: Yes / No /Online Registration Verification Date \_\_\_\_/\_\_\_\_/\_\_\_\_

EXTENDED SCHOOL CARE NEEDED? Yes/No ESC FORM RECEIVED: Yes / No Date \_\_\_\_ ESC FEE PAID Yes / No Date \_\_\_\_

NEW STUDENT: Requested transcripts: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED INTO GOOGLE DOC: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTER ONTO ROSTER: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

EMERGENCY FORM ENTERED INTO BINDER: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ENTERED INTO PTAL SERVICE BOOK: Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**STUDENT INFORMATION:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Students Legal Last Name      First Name      Middle Name/Initial      Date of Birth

\_\_\_\_\_  
 School Previously Attended      Address      City      Zip      Phone Number

ETHNICITY:  Black  Hispanic  Caucasian  Asian  Other\_\_\_ Gender:  Male  Female

**SIBLING INFORMATION:**

\_\_\_\_\_  
 Name      Age      Name      Age

\_\_\_\_\_  
 Name      Age      Name      Age

**STUDENT'S CHURCH:**

NAME: \_\_\_\_\_ AFFILIATION? \_\_\_\_\_

CURRENT MEMBER Yes  No       BAPTIZED? Yes  No  Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Why do you desire your child in this school?**

Following is a list of the 9 most common reasons why people choose to enroll their children in a Christian school. Please rank the top 3 in order from 1 (most important) to 3 (least important) as they apply to you personally:

- |                              |                            |                                 |
|------------------------------|----------------------------|---------------------------------|
| ____ High Academic           | ____ Spiritual Development | ____ Good Work Habits           |
| ____ Extended School Care    | ____ Social Development    | ____ Extracurricular Activities |
| ____ Self-esteem Development | ____ Safe Environment      | ____ Technology                 |
| ____ Moral development       | Other _____                |                                 |

**EMERGENCY FORM** (Please Print)

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle Initial

Student lives with:  Both Parents  Mother  Father  Step Mother  Step Father  Guardian \_\_\_\_\_

**EMERGENCY CONTACTS:** (Parents will automatically be notified)

I authorize Prince of Peace Lutheran Church and School to release my child to the following persons:

1. \_\_\_\_\_  
(Name) relation to student (Phone #) (Cell #) (Work#)
2. \_\_\_\_\_  
(Name) relation to student (Phone #) (Cell #) (Work#)
3. \_\_\_\_\_  
(Name) relation to student (Phone #) (Cell #) (Work#)
4. \_\_\_\_\_  
(Name) relation to student (Phone #) (Cell #) (Work#)

**OUT OF STATE CONTACTS:**

1. \_\_\_\_\_  
(Name) relation to student (Cell #) Address

I understand that if my child has an emergency they will be taken to closest emergency room to Prince of Peace. I will pay physician's fees not covered by insurance. If necessary, I authorize emergency treatment by any certified paramedic, licensed physician and or hospital. Emergency contacts will be notified by Prince of Peace.

	/		/		/		/
<b>Parent/Guardian Signature</b> (Required)		<b>Date</b> (Required)		<b>Parent/Guardian Signature</b> (Required)		<b>Date</b> (Required)	

**STUDENT HEALTH INFORMATION:**

**ALLERGIES** - Please provide an EpiPen/Inhaler/Medication/Etc. to the school office if needed.

- Peanut Allergy  \_\_\_\_\_
- Bee Allergy  \_\_\_\_\_
- Food Allergies  \_\_\_\_\_
- Medicine Allergies  \_\_\_\_\_
- Other  \_\_\_\_\_

**HEALTH NEEDS**  \_\_\_\_\_

**MEDICAL INFORMATION**

Family Physician: _____	Phone: _____
Hospital: _____	Phone: _____
Family Dentist: _____	Phone: _____

**SPECIAL LEARNING NEEDS**

\_\_\_\_\_

**BEHAVIORAL CONCERNS**

\_\_\_\_\_

**PARENT INFORMATION:**  Single  Married  Divorced  Guardian

Please attach any legal forms

1. Relationship to Student \_\_\_\_\_

2. Relationship to Student \_\_\_\_\_

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address City Zip

Same \_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Home Phone No. Cell Phone No.

\_\_\_\_\_  
Home Phone No. Cell Phone No.

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Email: Automatically sent P.O.P. emails

\_\_\_\_\_  
Email  I would like to receive emails from P.O.P.



**FINANCIAL AGREEMENT 2021-2022**

**NAME AND ADDRESS OF PERSON (S) RESPONSIBLE FOR PAYMENT (PLEASE PRINT)**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LIST STUDENTS ENROLLING FOR 2021-2022 AT PRINCE OF PEACE LUTHERAN CHURCH AND SCHOOL**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**REGISTRATION FEE** (non-refundable). **EARLY BIRD:** January 22<sup>nd</sup> –May 1<sup>st</sup> 2021

**EARLY BIRD REGISTRATION**

K – 2 \$575.00  
3<sup>rd</sup> – 8<sup>th</sup> \$500.00

**EARLY BIRD TUITION**

1 Child - \$5,650.00  
2 Children - \$10,600.00  
3 Children - \$15,500.00  
4 Children- \$20,400.00

**Technology Fee**

\$350.00 3<sup>rd</sup> – 8<sup>th</sup> Grade  
\$150.00 – Third year in the iPad program

**REGISTRATION 2021-2022**

K – 2 \$625.00  
3<sup>rd</sup> – 8<sup>th</sup> \$550.00

**TUITION 2021-2022**

1 Child - \$5,950.00  
2 Children - \$10,900.00  
3 Children - \$15,800.00  
4 Children - \$20,700.00

**Technology Fee**

\$350.00 3<sup>rd</sup> – 8<sup>th</sup> Grade  
\$150.00 – Third year in the iPad program

**TUITION PAYMENTS** (Two plans available, please select one):

**ANNUAL PAYMENT PLAN** – Full payment of yearly tuition. Receive a 5% discount if paid in full by the first day of school with cash or check.

**MONTHLY PAYMENT PLAN** – Payment of tuition monthly over a 10 or 12 month period.

**TUITION POLICIES:** All fees are non-refunded on a pro-rated basis after a written statement of withdrawal is received. Accounts which become more than 30 days delinquent will result in the dismissal of the student. If you anticipate a problem making payments, please contact the school office in advance.

**VOLUNTEER HOURS PROGRAM:** Each family has the choice of giving 40 service hours of their time or paying \$10 for each hour not served.

**SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION AND FEES:**

I hereby agree to pay tuition and fees according to this financial agreement

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE DATE

*\*PRICES ARE PENDING FUTURE LEGISLATIVE ACTION*

1421 W. Ball Road  
Anaheim, CA 92802  
714-774-0993  
<http://school.princeofpeaceanaheim.com>

**Extended School Care Registration & Information 2021-2022**

First Child \_\_\_\_\_ Grade \_\_\_\_\_  
Second Child \_\_\_\_\_ Grade \_\_\_\_\_  
Third Child \_\_\_\_\_ Grade \_\_\_\_\_

Please check the appropriate plan needed for each child. Each family will be allowed one change per semester. Any changes after that will require a \$10.00 processing fee. A two-week written notice is required to change or cancel your Extended School Care arrangement. Care needed beyond the plan selected will be billed at the close of the month.

The Extended School Care registration fee of **\$50.00 PER FAMILY** is due **September 6<sup>th</sup>, 2020**. It is non-refundable. The registration fee **MUST** accompany this form. Registration fees are required for all students needing any form of Extended School Care, regardless of frequency of use. Emergency use will be billed for a time block only ( see below).

**Payment is due and payable on the 1<sup>st</sup> of each month from September through May.** Please see the handbook for late, returned check and re-deposit fee.

For half days (i.e. Parent/Teacher Conferences) no additional charge will be assessed for families enrolled in Plans B, C, D, or E. An additional \$10.00 charge will be assessed for students enrolled in Plans A. Anyone not enrolled in a plan will pay either the half-day rate or pay with an Occasional Use Card.

**Homework Club closes at 4:30pm. All students not picked up by 4:30pm MUST sign in at Extended School Care and will be billed at the Emergency Drop-in rate or pay with an Occasional Use Card.**

All students needing ESC during Easter Week will pay the weekly rate of \$145.00 in advance.

**Plan A – AM Only (7:00 – 8:15 AM)**  
\_\_\_\_ One Child @ \$85.00  
\_\_\_\_ Two Children @ \$132.00  
\_\_\_\_ Three Children @ \$175.00

**Plan B – PM Only (3:00 – 4:30 PM)**  
\_\_\_\_ One Child @ 110.00  
\_\_\_\_ Two Children @ 170.00  
\_\_\_\_ Three Children @ \$175.00

**OR**  
**Plan C – PM Only (3:00 – 6:00 PM)**  
\_\_\_\_ One Child @ \$175.00  
\_\_\_\_ Two Children @ \$295.00  
\_\_\_\_ Three Children @ \$375.00

**Plan D – Both AM & PM (3:00 – 4:30 PM)**  
\_\_\_\_ One Child @ \$160.00  
\_\_\_\_ Two Children @ 275.00  
\_\_\_\_ Three Children @ 370.00  
**OR**  
**Plan E – Both AM & PM (3:00 – 6:00 PM)**  
\_\_\_\_ One Child @ \$195.00  
\_\_\_\_ Two Children @ \$335.00  
\_\_\_\_ Three Children @ \$470.00

***Special Rates (per child not enrolled in a plan)***  
Occasional Use Card (12 Hours) = \$100  
**(NON-REFUNDABLE)**  
Emergency = \$26.00/time block  
(7:00-8:15=\$26.00) (3:00-4:30=\$26.00) (4:30-6:00=\$26.00)  
Half Day = \$55.00  
Full Day = 90.00

**I have read the ESC handbook and agree to follow the rules and practices.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

***\*PRICES ARE PENDING FUTURE LEGISLATIVE ACTION***



**MEDIA AND PHOTOGRAPHY CONSENT  
2021-2022**

I \_\_\_\_\_ hereby give Prince of Peace Lutheran Church and School  
(Parent's first name and last name)

the absolute right to:

Photograph \_\_\_\_\_ Interview \_\_\_\_\_ Film \_\_\_\_\_ Other \_\_\_\_\_

My child \_\_\_\_\_ and copyright and / or publish

the pertinent materials in whole or in part for printed materials, advertising, public information or any other lawful purpose.

I hereby waive any right that I may have to inspect and/ or approve the finished product or the copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save the above mentioned from any liability by virtue of any blurring, distortion, alteration, optical illusion of use in composite form whether intentional or otherwise, that may occur or be produced in the making of said picture, or in any processing tending towards the completion of the finished project.

DO NOT publish \_\_\_\_\_ photo.  
(Students name)

\_\_\_\_\_  
Parent's printed first and last name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature



**PARENT RELEASE FOR THE ADMINISTRATION OF MEDICATION  
DURING SCHOOL HOURS  
2021-2022**

Student \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

We, the undersigned, request that a member of the school staff administer to our child the medication prescribed according to the instructions given to us, by our physician \_\_\_\_\_

\*We will file any new medication instructions immediately if the medication or dosage is changed.

- 1. Any medication that must be given on a daily basis for a long period of time will require a doctor's letter with a signature.**
2. Physical condition for which drug is given: (If allergic in nature, please specify what type of reaction and indicate in detail those visible symptoms which would give rise to the necessity of administering the medication.) \_\_\_\_\_  
\_\_\_\_\_
3. Medication \_\_\_\_\_
4. Dosage and method of administration \_\_\_\_\_
5. Possible reaction that should be reported to the physician \_\_\_\_\_  
\_\_\_\_\_
6. Therefore the above medication cannot be scheduled for other than during school hours and such medication may be administered by medically untrained school personnel whenever necessary.

Medication to be continued as above until: Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PRINCE OF PEACE  
1421 W. Ball Rd.  
Anaheim, CA 92802  
714-774-0993  
<http://school.princeofpeaceanaheim.com>





**PARENT PARTICIPATION PROGRAM 2021-2022**

Parents are essential in the process of Christian education. Without your dedicated effort, a quality job of education cannot be accomplished. Therefore, Prince of Peace needs all parents (other family members are welcome) to be involved in the Parent Participation Program. **Each family must donate 40 hours of service per school year at the school or church through one or more of the following ways. Failure to complete the 40 hours will result in a fee of \$10 per hour not completed.**

PLEASE PRINT FAMILY NAME \_\_\_\_\_

The category of involvement I/we have chosen:

\_\_\_\_\_ **FAMILY SERVICE DAY**

\*Family Service Day - Each year we have approximately 7 workdays to accomplish painting jobs, yard work, cleaning, and repairs. Maintenance personnel or the head trustee will coordinate these projects. These take place on Saturdays from 9 a.m. – noon.

\_\_\_\_\_ **SCHOOL VOLUNTEERS**

\_\_\_\_\_ **LUNCH SUPERVISOR:** days you will work \_\_\_\_\_

K – 2<sup>nd</sup> 11:45 AM - 12:45 PM

3<sup>rd</sup> - 8<sup>th</sup> 12:00 PM –12:45 PM

\_\_\_\_\_ **ROOM PARENT for** \_\_\_\_\_ (classroom you will serve)

\_\_\_\_\_ **OTHER (COACHING, PTAL, ETC.)** \_\_\_\_\_

\_\_\_\_\_ **FUND RAISERS** \_\_\_\_\_

\_\_\_\_\_ **OTHER IDEAS FOR SERVICE** \_\_\_\_\_

\*Over the past few years many large items have been purchased to enhance the quality of the educational program at POP. Items such as the security fence are examples of these purchases. We continually praise and thank God for you, our wonderful parents, and for your support in helping to meet the needs of our school. Together we can provide our children with both academic and spiritual growth.

We the parents of: \_\_\_\_\_ have read and understand the “Parents Participation Program” and our responsibilities to Prince of Peace Lutheran Church and School.

\_\_\_\_\_  
**Signature**