

**Bethlehem Lutheran School
Preschool Enrollment Form
2021-2022**

Child's Full Legal Name _____ Preferred first name _____

Date of Birth _____ Gender _____

Street Address _____ City & Zip Code _____

Home Phone # _____ Parents' Name(s) _____

Email: (please provide all addresses where you wish to receive email messages from the school)

List any allergies or medical conditions (ex: asthma, diabetes) _____

Please check the class in which you wish to enroll your child:

_____ 3-year old class	Tues/Thurs	8:30-11:00 a.m.
_____ 4 year old class	Mon/Wed/Fri	8:30-11:30 a.m.
_____ KinderReady class	Monday-Friday	12:15-3:15 p.m.

The registration fee is \$75.00 per child.

Annual tuition for the 3 year old class is \$1800.00. Annual tuition for the 4 year old class is \$2200.00. Annual tuition for the KinderReady class is \$2800.00.

Bethlehem Lutheran School recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

Please return this form, along with the non-refundable registration fee, to the Bethlehem Lutheran School office at the following address:

Bethlehem Lutheran School
1240 South Maple Avenue
Fairborn, Ohio 45324
(937) 878-7050
bethlehemschool@aol.com
www.mybethlehemschool.com

Please Complete Reverse Side

Tuition Contract

Person responsible for making tuition payments _____

Tuition amount for family _____

Payment plan option (please check one)

_____ 10 month tuition plan through FACTS Tuition Management (FACTS enrollment fee of \$45.00 will be added to total tuition)

_____ **Payment in full due by July 15, 2021.** Please note, if you choose this option but fail to pay in full by the due date, your account will automatically be assigned to a payment plan through FACTS.

Tuition may either be paid in full by July 15 or spread out over a period of ten months (August-May) by enrolling in the FACTS Tuition Management Plan. There is a \$45.00 family enrollment fee for this service which will be added to the total tuition due. Please note that families who enroll after July 15 may have fewer months available in their payment plan, as all tuition payments must end with the June payment.

Partial year tuition for students who transfer out of Bethlehem Lutheran School is based on the daily tuition rate multiplied by the number of days the child is enrolled. Thirty days notice in writing of your intent to withdraw your child or 30 days tuition is required. Please note that those individuals on payment plans will not have met their tuition obligations if a child is withdrawn midyear.

Delinquent Funds Action: If your account is delinquent for any reason, you must send a written explanation to the Bethlehem Lutheran School Board requesting an extension. This request will be reviewed by the School Board and will either be granted or denied. If you fail to contact the school board, then after a third attempt to withdraw funds by FACTS Tuition Management Company, or 30 days for annual payments, your child will be withdrawn from Bethlehem Lutheran School.

By signing this contract, I certify that I have read, understand and agree to the information listed above and that I intend to fulfill my financial obligation to Bethlehem Lutheran School. I also understand that failure to pay according to my chosen payment plan may put my child's continued enrollment in jeopardy and prevent a release of his/her records to any other school. Finally, I understand that in any case, Bethlehem Lutheran School will seek legal recourse for unpaid tuition, extended care, and/or other outstanding fees.

Signature of responsible party

Date

FOR OFFICE USE ONLY

Fees paid: _____ _____ _____ _____
 Registration Other Check Number Date

Amount to be billed _____ _____ _____ _____ _____
 Tuition Facts Fee Total Monthly In Full

Siblings' Names and Grades _____