

Student Enrollment

PreSchool



301 E. Wyatt Road

Blue Springs, MO 64014

816-228-5300 Ext. 8017

www.timothylutheralschool.com

www.facebook.com/timothylutheralschool



Greetings to you in the name of Christ, our Risen Savior.

Throughout the Bible, families are directed to bring up their children in the way of the Lord. "Train a child in the way he should go, and even when he is old he will not turn away from it." Proverbs 22:6. Growing in God's Word is a lifelong faith journey. The members of Timothy Lutheran Church are committed to assisting and equipping the families in that faith journey.

The mission of Timothy is to "TOUCH LIVES FOR CHRIST." We are honored to share the love of Jesus with children, and we look forward to your family joining our Timothy Lutheran School family. Our staff is diligent about preparing and teaching lessons that are developmentally appropriate and challenging. Timothy Lutheran School is fully accredited through the state of Missouri and National Lutheran School Association.

Enrollment forms are attached for pre-school at Timothy Lutheran School for the 2021-2022 school year. We hope this information will answer your questions about our program. If you need further information or would like to schedule a visit, please call us at 228-5300, extension 8017.

If you wish to come and visit us, please do so. You are always welcome. We ask that you please call the school number to schedule a visit.

Serving the Master Teacher,

Ken Holland
Administrator of School Ministry

425 NW R.D. MIZE ROAD, BLUE SPRINGS, MO 64014
301 E WYATT ROAD, BLUE SPRINGS, MO 64014
PHONE: 816-228-5300
www.timothy.lutheran.com



THE
LUTHERAN CHURCH
Missouri Synod

PRE-SCHOOL STUDENT Enrollment Checklist

To complete your child's enrollment in Timothy Lutheran School, the following must be completed and submitted:

Enrollment form

Child Profile

Vaccination information—due by August 1st (form must be signed by student's physician)

Individualized care plan—due by August 1st (for all students with special health care needs, must be signed by student's physician)

Medical Form

Consent form

Parental responsibility agreement

Tuition agreement form

Payment of enrollment fee

Automatic tuition payment authorization form

PTL Commitment Form

TIMOTHY LUTHERAN SCHOOL ENROLLMENT FORM

301 E Wyatt Road
Blue Springs, MO 64014

816-228-5300
816-874-4025 (fax)

FOR OFFICE USE ONLY	
Date rec'd:	_____
Enroll. Fee:	_____
Class:	_____
Time of class:	_____
Teacher:	_____
Admission date:	_____
Discharge date:	_____

STUDENT'S NAME	SEX	BIRTHDATE
ADDRESS	CITY	STATE ZIP CODE
		HOME TELEPHONE NUMBER ()
PUBLIC SCHOOL DISTRICT WHERE STUDENT LIVES:		
MARITAL STATUS OF PARENTS: SINGLE ___ MARRIED ___ SEPARATED ___ DIVORCED ___ WIDOW ___		
STUDENT LIVES WITH:		
MOTHER'S NAME	E-MAIL ADDRESS	HOME TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE
		CELL PHONE ()
EMPLOYED BY (OR SCHOOL ATTENDS)		BUSINESS TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE
		HOURS OF EMPLOYMENT FROM TO
FATHER'S NAME	E-MAIL ADDRESS	HOME TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE
		CELL PHONE ()
EMPLOYED BY (OR SCHOOL ATTENDS)		BUSINESS TELEPHONE NUMBER ()
ADDRESS	CITY	STATE ZIP CODE
		HOURS OF EMPLOYMENT FROM TO
STEPMOTHER'S NAME (if applicable)		
STEPFATHER'S NAME (if applicable)		
NAMES, BIRTH DATES & GENDERS OF SIBLINGS		

EMERGENCY CONTACT(S) OTHER THAN PARENT OR DOCTOR	
NAME	RELATIONSHIP
ADDRESS CITY STATE ZIP CODE	TELEPHONE NUMBER ()
NAME	RELATIONSHIP
ADDRESS CITY STATE ZIP CODE	TELEPHONE NUMBER ()
PERSON(S) AUTHORIZED TO TAKE STUDENT FROM SCHOOL OTHER THAN PARENTS	
NAME	NAME
AUTHORIZATION FOR EMERGENCY MEDICAL CARE	
I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Timothy Lutheran School to contact the following:	
DOCTOR/CLINIC	TELEPHONE ()
ADDRESS CITY STATE ZIP CODE	
FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD, MY PREFERRED HOSPITAL IS	
NAME	TELEPHONE ()
ADDRESS CITY STATE ZIP CODE	
PRIMARY INSURANCE CARRIER	POLICY #
PERMISSION	
I do _____ do not _____ give consent for my child to take part in field trips or excursions with Timothy Lutheran School under proper supervision.	
I do _____ do not _____ give consent for our phone number and address to be included in a school directory.	
I do _____ do not _____ give consent for my child to be photographed for any pictures that may be used for publicity, church, and/or school activities.	
AGREEMENTS	
Timothy Lutheran School and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.	
When my child is ill, it is understood and agreed that he/she may not attend school.	
I understand that I will receive a copy of the school's policies pertaining to the admission, care, education, and discharge of children before school begins in August.	
NON-DISCRIMINATORY POLICY	
Timothy Lutheran School admits students of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, athletic, and other school-administered programs.	
PARENT/LEGAL GUARDIAN SIGNATURE	DATE

CHILD PROFILE

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

What would you like most for your child to experience with us? _____

What does your child enjoy doing the most? _____

What are your child's favorite toys: _____

Who also cares for your child(ren)? _____

What language is spoken in your home? _____

What are the foods your child likes best? _____

What are your child's mealtime routines at home? _____

How many hours of sleep does your child receive at night? _____

Does your child need to be awakened in the morning to attend school? _____

What are your child's sleeping arrangements?

___ own room ___ sleeps in bed ___ shares a room with _____

What are your child's bedtime rituals? _____

Does your child take naps? ___ Yes ___ No How long? _____

How does your child express anger or react to frustration? _____

Does your child have any particular fears? _____

How does your child react to change? _____

How does your child comfort himself/herself? _____

What are your child's play interests (preference for creative, dramatic, or construction play)?

How do you discipline your child? _____

When did your child begin to use language? _____

How would you describe your child (personality characteristics)? _____

What do you enjoy the most about your child? _____

Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs? _____

Has your child had previous preschool experiences? _____

If so, where? _____

Do you have a special interest or hobby you would like to share with the children? _____

CHURCH INFORMATION

Church Membership:

_____ Timothy _____ No Church _____ Other (specify): _____

Pastors Name: _____

Has child been baptized? _____ If so, when? _____

How did you hear about our program? _____

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at school: _____

2. Special Dietary Needs: _____

4. Can your child effectively communicate his or her needs? Yes No

Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (*please mark and list all that apply*)

Medication Allergy: _____

Reaction: _____

Food Allergy: _____

Reaction: _____

Other Allergy: _____

Reaction: _____

Are any of the allergies severe or life-threatening? Yes NO

If yes, please provide special instructions: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Timothy Lutheran School Medical Information

(For all new students or returning students with changes
in health conditions in the last 12 months)

Student's name _____ Birthdate _____

Immunization History

III. IMMUNIZATION HISTORY

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DPT/DT						
_____ Polio						
_____ Hib						
_____ MMR						
_____ Hepatitis B						

List all allergies:

Special medical/mental health conditions:

List all special medication:

List all restrictions/limitations:

This certifies that this child is, to my knowledge, in good health and free of conditions that would endanger him/her or other children in a Timothy School program.

Signature of physician or health care facility Date

Individualized Care Plan

To be completed by M.D., Therapist, Nurse, etc.

(For all new students with special health care needs and all returning students with changes in special health care needs in the last 12 months.)

Note to parent: Missouri State Rules regulating licensed and license-exempt schools and child care centers require that an Individualized Care Plan be on file for children who may have special health care needs. This plan gives the school staff information on the condition and how to respond in an emergency and about any limitations that the child may have. Examples of conditions are ADD, ADHD, asthma, diabetes, severe allergies, heart issues, birth defects, etc. The information shared is confidential and is only shared with staff directly caring for your child or emergency medical personnel. ***This plan must be completed by a physician or another professionally qualified individual such as a nurse or therapist.***

_____ has been diagnosed as having the following health condition:
(child's name)

Is medication required for this condition? NO ___ YES ___

If yes, please complete the following:

Name of medication _____

Dosage _____

Does medication need to be administered while at school? NO ___ YES ___

Could the child have a negative reaction to the medicine? NO ___ YES ___

If yes, please explain and what action should the school staff take.

Can the child participate in regular school activities? NO ___ YES ___

Please explain:

Does the child's health condition require any specialized care by the school staff?

NO ___ YES ___

Please explain:

In the case of a medical emergency due to the child's health condition, the school staff should do the following:

Signature of M.D., therapist, nurse, etc.

Affiliation with group practice or clinic

Address

Telephone number

Date

Timothy Lutheran School Consent Form

CONSENT FOR SCHOOL DIRECTORY

I do _____ do not _____ give consent for our phone number and address to be included in a school directory.

CONSENT FOR PHOTOGRAPHS

1. I do _____ do not _____ give consent for an individual picture of my child to be photographed for pictures that may be used for publicity in printed publications.
2. I do _____ do not _____ give consent for a group photo including my child to be photographed for pictures that may be used for publicity in printed publications.
3. _____ (Initials) I hereby grant permission to Timothy Lutheran Ministries (Timothy) to use my photograph and/or my child's photograph(s) on its World Wide Web without further consideration and until otherwise revoked, and I acknowledge Timothy's right to crop or treat the photograph(s) at its discretion. I also acknowledge that Timothy may choose not to use my or my child's photograph(s) at this time, but may do so at its own discretion at a later date.

I also understand that once my or my child's image is posted on Timothy's website, the image can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless Timothy, its executive board, pastor, associate pastors, staff, its members and designees from any claims arising out of the use of my or my child's photograph(s).

Timothy Lutheran Ministries reserves the right to discontinue use of any photograph(s) without notice.

Student's Name: _____ **Grade:** _____

Parent's Name (please print): _____

Address: _____

Phone: _____ **E-mail:** _____

Signature: _____ **Date:** _____

Parental Responsibility Agreement

Timothy Lutheran School is owned and operated by Timothy Lutheran Church. Our School is an exempt center for children ages 3 - 5 year olds.

STAFF/VOLUNTEERS:

Background checks are conducted on all staff and include such things as a child abuse and neglect screen, a criminal record review, etc. Volunteer drivers are screened for child abuse and neglect through Division of Family Services.

EDUCATIONAL PHILOSOPHY:

“Touching Lives for Christ” is the mission of Timothy Lutheran Church and School. Our ministry is founded on the Great Commission which Jesus gave His church—to make disciples of all people (Matt. 28:18-20) as disciples of Jesus, we are committed to:

Gathering- for worship and fellowship in Christ.

Growing- in Christ-like living through God’s Word.

Going- as a witness to all that Jesus is Lord and Savior.

Giving- joyfully in service in God and His people.

Gathering:

We believe that Timothy Lutheran School should be a place where students

1. Gather together for worship, learning, and play.
2. Learn to serve as useful and active citizens in the community.

Going:

We believe that Timothy Lutheran School is a place where

1. Evangelism is always present for and through the students.
2. Children learn from the teachers to develop the desire to hear witness to each other and to their community.
3. Children develop the desire to lead others to their Savior.
4. Worship service and special events are publicized to students and their families as outreach opportunities.

Giving:

We believe that Timothy Lutheran School is a place where students

1. Share God’s love through mission opportunities.
2. Develop an understanding of the Christian’s obligation and responsibility to make full and wise use of his/her God-given talents, time, and treasures.
3. Develop Christian citizenship grounded in obedience to God and His Word

DISCIPLINE PHILOSOPHY:

Timothy Lutheran School views discipline as a learning experience. The children are taught proper behaviors through example, re-direction, and, when necessary, safe spot. Discipline is taught in a positive and forgiving manner, and parents/families are included in the process. Corporal punishment is not used, the concept of “Love & Logic” is used.



Child's Name: _____

Birthday: _____

**Preschool
Enrollment Worksheet**

2021-2022 Enrollment Fee		\$	80.00
50% off for returning students by	3/1/2021	\$	40.00
50% off for new students by	3/31/2021	\$	40.00

Preschool Program

Kindergarten Readiness for Ages 3 and 4

	Class Choice		Timothy Member	Community Member
Preschool (4 hours) (1 teacher all day)		2 Days/wk (T, Th) 8:30 am - 12:30 pm	\$33/wk	\$43/wk
Preschool (4 hours) (1 teacher all day)		3 Days/wk (M,W,F) 8:30 am - 12:30 pm	\$54/wk	\$64/wk
Preschool (7 hours) (AM & PM teachers)		5 Days/wk (M-F) 8:30 am - 3:30 pm	\$176/wk	\$186/wk
Preschool (7 hours) (AM & PM teachers)		5 Days/wk (M-F) 8:30 am - 3:30 pm	\$176/wk	\$186/wk
Extended Day Care Options				
Preschool Before School Care		5 Days/wk (M-F) 6:30 am - 8:30 am	\$5/day	\$5/day
Preschool After School Care		5 Days/wk (M-F) 3:30 am - 6:00 pm	\$10/day	\$10/day

Extended Day Care costs will be capped at \$50/month (morning) and \$95/month (afternoon) per child.

They will be billed as used.

*Children must be potty trained to be enrolled in any 3 year old or older preschool classes.

*Enrollment Fees are Non-Refundable.

*Actual enrollment of children will determine the classes offered. Classes are subject to availability.

*Lunch will be provided for all classes. Snacks will be provided by class families on a rotation.

*Parents with more than one child enrolled in a Preschool through 8th Grade class will receive a 10% scholarship on the tuition for each additional child. The more expensive tuition is payable at full price, with the scholarship being applied to the less expensive tuition.

*Tuition rates are quoted by week or day; ACH withdrawals may be weekly or monthly.

*All tuition will be paid through automatic withdrawal (ACH).

*Automatic Deduction (ACH) through Timothy Lutheran Church is an in-house process.

Our tuition is processed through an ACH of your account, either from your checking or savings account. See the attached form. See the school administrator if payment arrangements need to be made.

Parent/Guardian Initials _____



Automatic Tuition Payment Authorization Form

Please complete form and return to Timothy Lutheran School

Student Birthdate: _____

Student's Last Name		First Name		Class/Grade	
Account Holder's Last Name			First Name		M.I.
Mailing Address					
City				State	ZIP Code
Home Telephone #			Work Telephone #		

Email address: _____

<p>Check the appropriate box:</p> <p><input type="checkbox"/> New authorization*</p> <p><input type="checkbox"/> Change in bank account*</p> <p><input type="checkbox"/> Change in authorized amount</p> <p><input type="checkbox"/> Same as previous amount</p>	<p>Payments should be withdrawn from:</p> <p><input type="checkbox"/> Checking (attach a voided check*)</p> <p><input type="checkbox"/> Savings (attach a savings deposit slip*)</p> <p>Routing Number _____ (Valid Routing # has 9 digits and must start with 0, 1, 2, or 3)</p> <p>Account Number _____</p>
---	--

* Please attach a voided check or savings deposit slip for a new authorization or change in bank account information.

<p>Tuition rate \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p> <p>Amount of each payment \$ _____</p> <p>Date of First Payment _____</p> <p>Date of Last Payment _____</p>	<p>Payment to be withdrawn:</p> <p><input type="checkbox"/> Weekly on Monday</p> <p><input type="checkbox"/> Weekly on Friday</p> <p><input type="checkbox"/> Monthly on the 5th</p> <p><input type="checkbox"/> Monthly on the 20th</p>
---	---

I authorize Timothy Lutheran Church to automatically withdraw payments from my account. I have attached a voided check or authorization from my bank with routing and account number information. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Account Holder Signature _____ Date _____

Timothy Lutheran School 2021-2022 PTL Sign Up

As a parent, grandparent, or guardian of a student at Timothy Lutheran School, I promise to help in any way I can by checking two or more items from the list below.

- Serve on a PTL Committee
- Serving as room parent coordinator for my child's classroom
- Helping with Annual Auction
- Helping with Teacher Appreciation Week
- Driving for field trips
- Helping with Trivia Night
- Helping with Quarterly Mission Projects (Walk-a-thon, OCC, etc.)
- Helping with the Fall Fun Fest Parade float
- Donating craft and party supplies
- Helping with school cleaning day in the summer
- Helping with home sports games
- Helping with May Fun Day
- Helping with Donuts with Dads/Mornings with Moms
- Helping with Book Fairs
- Helping with Nat'l Lutheran Schools Week/Talent Show/Grandparents Day
- Helping with videotaping school events for social media

Other ways I would like to help:

I realize I may be contacted throughout the year in the area(s) I have agreed to donate my time, talent, money, prayers, supplies, etc.

Parent's name(s) _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Child's name _____ Grade _____

Phone # _____ Best time to call _____

E-mail address _____

Thank you for continuing to make Timothy Lutheran School a wonderful environment for a Christian education!

Timothy Lutheran School Calendar

AUGUST 2021-2022

AUGUST

S	M	T	W	TH	F	S
	1	2	3	4	5	6
	7	8	9	10	11	12
	13	14	15	16	17	18
	19	20	21	22	23	24
	25	26	27	28	29	30
	31					

2 Teachers Return
 23 Back to School Night 6:30 pm
 24 1st Day of School with Chapel
 31 1st Day for Home School Students

SEPTEMBER

6 Labor Day-NO CLASSES/NO DAY CARE
 24 1st Quarter Mid-terms

SEPTEMBER

S	M	T	W	TH	F	S
				1	2	3
	4	5	6	7	8	9
	10	11	12	13	14	15
	16	17	18	19	20	21
	22	23	24	25	26	27
	28	29	30			

OCTOBER
 7 & 8 P/T Conferences-1:00 PM DISMISSAL
 22 End of 1st Quarter-1:00 PM DISMISSAL 43 days

NOVEMBER

19 Midterms
 21-23 Mo District Educators Conference
 24-26 Thanksgiving Break-NO CLASSES

OCTOBER

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	31

DECEMBER

21 Last Day Before Break
 22-Jan. 3 Christmas Break-NO CLASSES

JANUARY

3 Teacher Professional Development Day
 4 Classes Resume
 7 End of 2nd Quarter-1:00 PM DISMISSAL 41 Days

NOVEMBER

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	

17 M.L. King Day-NO CLASSES/NO DAY CARE
 Possible Make-up day

FEBRUARY

17-18 Mid-term P/T Conf.-1:00 PM DISMISSAL
 21 President's Day-NO CLASSES/NO DAY CARE
 Possible Make-up day

DECEMBER

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	31

MARCH

11 End of 3rd Quarter-1:00 PM DISMISSAL 43 Days

APRIL

13 Midterms
 14-18 Easter Break/NO DAY CARE

MAY

12 Last Day for Home School Students
 13 Last Day of School-1:00 PM DISMISSAL 43 Days
 Pre-K & 8th Grade Graduation-7:00 pm

JANUARY

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	31

FEBRUARY

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28			

MARCH

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	31

APRIL

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	

MAY

S	M	T	W	TH	F	S
						1
	2	3	4	5	6	7
	8	9	10	11	12	13
	14	15	16	17	18	19
	20	21	22	23	24	25
	26	27	28	29	30	31

First/Last Day of School
Early Dismissal
No School