



Timothy Lutheran School Ministry
301 E Wyatt Road ♦ Blue Springs, MO 64014
816-228-5300 x8017

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 “TRANSFORMING LIVES THROUGH 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 Timothy Lutheran School for the 2022-2023 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

TIMOTHY LUTHERAN SCHOOL

Student Enrollment
Kindergarten through 8th Grade



301 E Wyatt Road
Blue Springs, MO 64014
(816) 228-5300
(816) 874-4025 (fax)
www.timothylutheralschool.com
www.facebook.com/timothylutheralschool

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

A Glimpse of Timothy Lutheran School Blue Springs, Mo.

- “Transforming Lives Through Christ” is the mission of Timothy Lutheran Ministries.
- Elementary is fully accredited through the National Lutheran School Accreditation and the State of Missouri.
- Timothy Lutheran Church began offering Kindergarten in 2001.
- Elementary offers coding, a physical education program, vocal and instrumental music, and computer training.
- Elementary also offers resource education activities, such as, the D.A.R.E. program and athletics.
- Weekly Chapel--families invited.
- Hot lunch for preschool and elementary classes.
- Competitive sports program for grades 4 and up.
- National achievement tests given annually for grades 3 and up. Our students’ average score is 2 levels above grade compared to the national average.
- Parent involvement in all activities at school.

Elementary Curriculum

Religion – *One in Christ* (CPH)

Communication Arts

Math

Science

Social Studies

Health (7/8 grades)

Band (5th – 8th grades)

Vocal Music

Art

Computer

FULL-TIME STUDENT Enrollment Checklist

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

___ Enrollment form

___ Student information form

___ Medical 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)

___ Consent form

___ Parental responsibility agreement

___ Tuition Worksheet

___ Payment of enrollment fee

___ Automatic tuition payment authorization form

___ PTL Sign Up Form

___ (NEW Student Only) Copy of student's birth certificate

___ (NEW Student Only) Record Transfer Request form if student has attended another elementary school (1-8)

Timothy Lutheran School

Student Information

Student's name _____ Grade _____

Church membership: Timothy____ Other (specify)_____ No church____

Pastor's name _____

Has student been baptized? ____ If so, when _____

How did you hear about our program? _____

Has student attended another school? ____ If so, where _____

Has student received therapy or been evaluated for the following?

____ speech ____ hearing ____ vision

____ behavior ____ physical

Is so, please explain _____

Is student involved in any after-school activities? ____ If so, please list them. _____

Are there any family concerns we should be aware of, such as, a new baby, a death in the family, or a divorce? _____

Are there any sensitive issues we should be aware of? Is student self-conscious about his/her appearance, is he/she shy, stutters, or afraid of something in particular?

Does student have any allergies? _____

What are student's hobbies and interests? _____

Describe student's temperament and any methods you have in dealing with less-than-ideal behavior. _____

Parent's signature _____ Date _____

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						
_____ Varivax						

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 FIELD TRIPS

I do _____ do not _____ give consent for my child to take part in field trips or excursions with Timothy Lutheran School under proper supervision.

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 Ministries. Timothy Lutheran School follows regulations set by state and local governments. Inspection records are filed in the school office and may be reviewed at any time.

EDUCATIONAL PHILOSOPHY:

“Transforming Lives Through Christ” is the mission of Timothy Lutheran Ministries. 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 to 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.

Growing:

We believe that administration, faculty, and students at Timothy Lutheran School, by the power of the Holy Spirit, will grow spiritually, physically, socially, emotionally, intellectually, and aesthetically.

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 bear witness to each other and to their community.
3. Children develop the desire to lead others to their Savior.
4. Worship services 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.

STAFF/CHILD RATIOS:

Childcare for ages 5-14 1:16

Elementary Classroom 1:15 (Exceptions to this number will be the responsibility of the School Administrator)

DISCIPLINE PHILOSOPHY:

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

PARENT HANDBOOK:

A Parent Handbook is given to all families when their child begins class. It is also available on the school’s website. The handbook contains enrollment, medical, financial, and operating policies for the school.

TUITION:

2022-2023:

\$200 enrollment fee

\$100 off enrollment fee if enrolled by March 1 (returning students) or March 31 (new students)

COMMUNITY MEMBERS OF TIMOTHY

\$5,850.00 yearly* **OR** \$650 (9 months)* **OR** \$487.50 (12 months)*

OR \$150 weekly (39 weeks)* for students who are not members of Timothy Lutheran Church

MEMBERS OF TIMOTHY

\$5,350.00 yearly* **OR** \$594.44 (9 months)* **OR** \$445.83 (12 months)*

OR \$137.18 weekly (39 weeks)* for students who are members of Timothy Lutheran Church

*10% discount for additional children in family

Timothy has tuition support for qualifying families. Please check with the school office for more information.

Elementary tuition is calculated on a yearly basis and may be divided into payments for your convenience. No reduction in tuition is made for scheduled holidays, conference days, “snow days”, or absences.

Tuition is paid monthly or weekly through an automatic withdrawal from a checking or savings account. Monthly withdrawals will be on the 5th or 20th of each month. Weekly withdrawals will be on Monday or Friday. If a check or automatic withdrawal is returned to Timothy, there will be a \$35.00 charge (\$15 for ACH). After 2 returned checks/automatic withdrawals, all future payments must be paid in cash or money order.

I have read, understand, and agree with all of the above items. I accept full responsibility for the payment of all fees.

Parent’s signature: _____ Date: _____

Timothy Lutheran School 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 one item from the list below.

Be a leader in PTL. There are several roles and opportunities for people with leadership skills.

Be a helper during PTL events. (If there is a particular event you are interested in, please indicate below)

Annual Auction

Trivia Night

Fall Fun Fest Parade float

School cleaning day

May Fun Day

Donate items for PTL events

Be a Room Parent for my child's classroom

Sponsor a PTL event (great for business owners)

We are always looking for people to use the gifts that God gave them. If you have skills that you think will help support our school, please let us know.

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 K-8 2022-2023 Tuition Worksheet

Family Name:			
Child 1:	Grade:	Child 2:	Grade:
Child 3:	Grade:	Child 4:	Grade:

K-8 2022-2023 Tuition Schedule	Cost	# of students	Total
Cost of Education (full cost of education; offset by Timothy Lutheran church offerings, designated gifts, and fundraising)	\$7,100		
Tuition (community member)	\$5,850		
Tuition (Timothy Lutheran Church member)	\$5,350		
TOTAL TUITION			A
Scholarships and Discounts			
Multiple child scholarship (10% for second student and beyond)	-\$		
Need-based scholarship award (Apply by contacting school office. Supported by TLS Auction, Rummage Sale, donations, and other fundraisers)	-\$		
Schubkegel Scholarship award (Merit-based scholarship for Timothy church members. Apply by June 1 at www.thcf.org)	-\$		
Early payment scholarship* (Tuition paid in full by August 5)	-\$250		
Scrip Rebate tuition credit (Submit annual report found at www.shopwithscrip.com by July 15)	-\$		
TOTAL SCHOLARSHIPS			B
TOTAL FAMILY TUITION (box A minus box B)			C

Payment Calculator			
(*Note: full amount of Box C is due on August 5 if Early Payment Discount is utilized)			
2 payments (Aug. 8 and Jan. 6)	9 Monthly ACH withdrawals (5 th or 20 th of each month)	12 Monthly ACH withdrawals (5 th or 20 th of each month)	39 Weekly ACH withdrawals (on Monday or Friday) Aug. 22, 2022 – May 12, 2023
C ÷ 2 =	C ÷ 9 =	C ÷ 12 =	C ÷ 39 =

Disclaimer: This worksheet is provided for tuition estimation purposes only. All figures will be verified by the school's Administrative Assistant.



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>OPTIONAL:</p> <p><input type="checkbox"/> I authorize TLS to pay off all morning/after care charges on the last business day of the month.</p> <p><input type="checkbox"/> I authorize TLS to pay off my child's lunch account on the last business day of the month.</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>		
<p>* Please attach a voided check or savings deposit slip for a new authorization or change in bank account information.</p>		<p>FOR TUITION ONLY</p> <p>Tuition rate \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</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>	
<p>FOR TUITION ONLY</p> <p>Amount of each payment \$ _____</p> <p>Date of First Payment _____</p> <p>Date of Last Payment _____</p>			
<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.</p>			
Account Holder Signature _____		Date _____	

Timothy Lutheran School Calendar
2022-2023

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			

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

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					

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			

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

AUGUST

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

SEPTEMBER

- 5 Labor Day-NO CLASSES/NO DAY CARE
- 23 1st Quarter Mid-terms
- 29 & 30 P/T Conferences-1:00 PM DISMISSAL

OCTOBER

- 5-8 LEA Conference NO CLASSES/NO DAY CARE
- 21 End of 1st Quarter-1:00 PM DISMISSAL 40 days

NOVEMBER

- 18 Midterms
- 23-25 Thanksgiving Break-NO CLASSES

DECEMBER

- 21-Jan. 3 Christmas Break-NO CLASSES

JANUARY

- 4 Classes Resume
- 6 End of 2nd Quarter-1:00 PM DISMISSAL 42 days
- 16 M.L. King Day-NO CLASSES/NO DAY CARE
- Possible Make-up day
- 27 Grandparents Day 12:30 Dismissal

FEBRUARY

- 16-17 Mid-term P/T Conf.-1:00 PM DISMISSAL
- 20 President's Day-NO CLASSES/NO DAY CARE
- Possible Make-up day

MARCH

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

APRIL

- 6-10 Easter Break/NO DAY CARE
- 14 Midterms

MAY

- 11 Last Day for Home School Students
- 12 Last Day of School-1:00 PM DISMISSAL 42 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

No School

Early Dismissal