



**TRINITY LUTHERAN SCHOOL 2026-2027 REGISTRATION FEE AND TUITION POLICY**

**Registration Fees---** All incoming students are assessed a non-refundable registration fee. **This fee is due upon completion of enrollment at Trinity and helps offset the cost of purchasing books and materials for the school year.** This year’s fees are outlined below.

Kindergarten	\$275
Grades 1-6	\$350

**Tuition**—Trinity Lutheran School utilizes the FACTS Tuition Management Program (Please see the FACTS information sheet), which deducts payments directly from your bank account. You may choose to have these deductions made on the 5<sup>th</sup> or the 20<sup>th</sup> of the month. They will be made during the months of August through May, 10 equal payments. A \$50.00 annual FACTS agreement fee will be assessed about two weeks after your account is posted. If tuition or fees become delinquent, the school reserves the right to deny attendance until payment is made or an alternate arrangement is approved. If a student withdraws from school, a full month’s tuition is due for any full or partial month of attendance.

The tuition costs for **NON-MEMBERS of Trinity Lutheran Church** for the 2026-2027 school year are as follows:

	<u><b>Annual</b></u>	<u><b>Semester</b></u>	<u><b>Monthly</b></u>
Kindergarten – 5 <sup>th</sup>	\$4,995.00	\$2,497.50	\$499.50
Each additional K-5 child	\$3,491.00	\$1,745.50	\$349.10

The tuition costs for **MEMBERS of Trinity Lutheran Church** for the 2026-2027 school year are as follows:

	<u><b>Annual</b></u>	<u><b>Semester</b></u>	<u><b>Monthly</b></u>
Kindergarten – 5 <sup>th</sup>	\$2,998.00	\$1,499.00	\$299.80
Each additional K-5 child	\$2,100.00	\$1,050.00	\$210.00

**TRINITY LUTHERAN SCHOOL 2026-2027  
REGISTRATION FEE AND TUITION AGREEMENT**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Annual Tuition \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Annual Tuition \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Annual Tuition \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Annual Tuition \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Annual Tuition \_\_\_\_\_

Total \_\_\_\_\_

I will pay tuition annually \_\_\_\_\_ by semester \_\_\_\_\_ monthly \_\_\_\_\_

If monthly, I would like my payment to be withdrawn on the 5<sup>th</sup> \_\_\_\_\_ AND/OR 20<sup>th</sup> \_\_\_\_\_, and I will sign up for the FACTS tuition management service and pay the annual fee of \$50.

Please go online to ---- [FACTSmgt.com](http://FACTSmgt.com) ---- to register your account for Trinity Lutheran School Fort Morgan or call customer service at 1-866-441-4637.

**By signing below, I acknowledge that I have read Trinity Lutheran School's registration and tuition policy, and I agree to pay the tuition indicated above by the method indicated above.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

## Our Partnership with FACTS

As a Lutheran School, our desire is always to concentrate our available human and financial resources on our primary mission of education. To help us meet this goal, we will be partnering with FACTS Management Company to carry out the deferred tuition payment function for the 2026-2027 school year. Our research indicates significant benefits to school staff and school families, including convenience, flexibility, and secure online access to individual account information.



### A Sensible Plan

We are proud to partner with FACTS, the leading tuition payment plan provider in the industry. This is not a loan program, so no debt is incurred, and no credit check is conducted. The cost to budget your interest-free monthly payment plan is a nominal, annual, nonrefundable FACTS Enrollment Fee. You may budget your tuition and fees in the following ways:

**Automatic Bank Payment (ACH)**—ACH payments are those payments you have authorized FACTS to process directly through your financial institution. It is simply a bank-to-bank transfer of funds that you have pre-approved from either your checking or savings account on the 5<sup>th</sup> or 20<sup>th</sup> of each month.

### Your Payment Plan Options

- ❖ **Monthly payments through FACTS**, 10 payments Aug. - May. These payments will be automatically deducted from checking or savings, beginning in August on your choice of the 5<sup>th</sup> or 20<sup>th</sup> of the month. The FACTS annual enrollment fee is \$50 per family and will be deducted from your account prior to the first tuition payment.

With FACTS, the school maintains decision-making control. As always, we will continue to work with families should special circumstances or “hardship” cases arise during the school year.

### Convenient Online Enrollment



You can enroll in the FACTS Payment Plan online by linking from the school’s Web Site. Enrolling online is simple and secure.

#### Be sure to have the following information ready:

- The name, street address, and e-mail address of the person responsible for making the payments.
- To protect your privacy, you will be asked to create your own unique FACTS Access Code. Please be sure it is something you can easily remember.
- Account information for the person responsible for payment: bank name, telephone number, account number, and the bank routing number. Most of this information is located on your check.

Before you click the Submit button, please carefully read the Final Review and the Terms and Conditions. Notification confirming your enrollment in a FACTS payment plan through e-Cashier will be sent to you after your

school enters the net tuition amount due for the year. Then the annual enrollment fee will be automatically deducted from your account.

**Returning FACTS Families:**

- If you paid by a checking or savings account through FACTS the previous school year, you will be automatically re-enrolled in the FACTS program. Once Trinity Lutheran School completes this re-enrollment, you will receive a confirmation notification letter, and the annual enrollment fee of \$50 will be automatically deducted from your account.

If you have questions about enrolling in FACTS please contact the business office. You may also contact FACTS directly (866) 441-4637 or view your agreement online through *My FACTS* Account. Instructions to access *My FACTS* will be included in your payment plan confirmation notification. FACTS customer service representatives are available Monday - Thursday, 7:30 am to 7:00 pm (CT), and Friday, 7:30 am to 5:00 pm.

### **Frequently Asked Questions**

**1. When and what time will the funds for my payment plan be withdrawn from my bank account?** While FACTS transacts each payment on the specified date (5<sup>th</sup> or 20<sup>th</sup>), it is your financial institution that determines the time of day the payment is debited. FACTS recommends checking with your financial institution to determine how far in advance funds should be deposited into your account to ensure the automatic payment clears. If a payment date falls on a weekend or banking holiday, the payment will be transacted the following business day.

**2. How will I be notified of my payment information?** Once your agreement for budgeted tuition payments is posted to the FACTS system, you will receive a confirmation notification of your payment amount by e-mail or letter in approximately 10 days. Payments will be processed until the total balance is paid in full. The notification has important information you must have to log on to *MyFACTS* Account.

**3. What is the FACTS Access Code?** To help protect your privacy, FACTS will randomly create an access code for you. If you should inquire online through *MyFACTS* Account or call into FACTS inquiring about your FACTS agreement, you will be required to verify your FACTS Access Code. Your access code will be included on your statement or confirmation notification.

**4. What happens if FACTS attempts to process my payment and there are not enough funds in my account?** Should an automatic bank payment be returned, a \$30.00 FACTS Returned Payment Fee will be automatically assessed to your account. This is in addition to any penalty your bank or the school may assess. You will be notified by FACTS of the returned payment via mail or e-mail. For payment scheduled for the 5<sup>th</sup> of the month, the reattempt will occur on the 20<sup>th</sup>; for payment scheduled for the 20<sup>th</sup>, the reattempt will occur on the 5<sup>th</sup> of the following month.

**5. How will I pay other expenses at the school?** Consistent with prior years, you will receive a notice from the school for items such as after care, cafeteria, book fees, etc.; payment for these will be made directly to the school. Some established fees might be included in the total tuition amount and processed with your tuition payment through your FACTS plan.

### **We Look Forward to Serving You Better!**

Trinity Lutheran School looks forward to our partnership with FACTS and the efficiency and technology it brings to our school. Should you have any questions regarding this plan, please contact the business office at (970)867-4931 or FACTS at 866-441-4637.

**TRINITY LUTHERAN SCHOOL 2026-2027**  
**Student Information for Master Record**

Date \_\_\_\_\_

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City, State, ZIP Code)

Home Phone \_\_\_\_\_

Student is living with \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather  
\_\_\_\_\_ Stepmother \_\_\_\_\_ Other: Name/Relationship \_\_\_\_\_

(Name, City, and State)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Adopted (Yes or No) \_\_\_\_\_  
(Month, Day, Year) (City and State)

\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Other

Language spoken at home: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (please list)

Pupil's Sunday School/Church \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church where baptized \_\_\_\_\_  
(Month, Day, Year) (Name, City, and State)

List of schools which the pupil previously attended. Indicate the grade level.

Grade(s)	School and Location
_____	_____
_____	_____
_____	_____
_____	_____

**Child's Shirt Size** Youth SM \_\_\_\_\_ Youth M \_\_\_\_\_ Youth L \_\_\_\_\_ Youth XL \_\_\_\_\_ Adult \_\_\_\_\_

**TRINITY LUTHERAN SCHOOL 2026-2027**  
**Family Contact Information:**

(PLEASE PRINT)

**Father:** Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Where Employed \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_

**Mother:** Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Where Employed \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_ Date of Birth \_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_ Date of Birth \_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_ Date of Birth \_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# TRINITY LUTHERAN SCHOOL 2026-2027 MEDICAL AND HEALTH TREATMENT PERMISSION FORM

**CONFIDENTIAL INFORMATION** Will be shared with appropriate staff.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Does your child have any of the following health problems? Yes/No if yes, please circle and comment below:**

ADD/ADHD	Diabetes	Hay Fever	Heart Condition	Speech
Asthma	Ear Infections, frequent	Head Injury/Concussion	Lung/Respiratory	Stomach
Blood Disease	Eating Concerns	Headaches	Prematurity	Ulcer
Bone/Joint	Emotional	Hospitalizations	Seizures	Vision Concerns
Bowel/Bladder	Glasses/Contacts	Hearing Loss	Sleeping Concerns	Weight Concerns

Comments: \_\_\_\_\_  
\_\_\_\_\_

Other concerns? (Please list) \_\_\_\_\_

**Allergies:** Does your child have any significant allergies/sensitivities that you feel school personnel need to know about? **Yes/No** If yes, list allergy/sensitivity: \_\_\_\_\_

How does your child react? \_\_\_\_\_

How do you treat it? \_\_\_\_\_

**Medications:** Does your child take medication? **Yes/No**

If yes, for what? \_\_\_\_\_

Please list name of medication/s and dosage: \_\_\_\_\_

Will this medication be given at school\*? **Yes / No**

If yes, need to fill out a Medication Release Form

**Activity Restrictions:** Does your child have any activity restrictions? **Yes / No**

If yes, please list with the reason for the restriction:

\_\_\_\_\_  
\_\_\_\_\_

**Child's Medical Home:**

**Doctors Name:** \_\_\_\_\_

**Address &Phone:** \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_

**Address & Phone:** \_\_\_\_\_

**Health Insurance: Insurance Company:** \_\_\_\_\_

**Medicaid #:** \_\_\_\_\_ **CHP+** \_\_\_\_\_ **No insurance** \_\_\_\_\_

**Emergency Care Permit** In the case of serious injury or illness, first aid will be rendered. If ambulance service is necessary, parents must assume financial responsibility.

If I cannot be reached by telephone in the event of an emergency involving \_\_\_\_\_  
(Child's name)

I prefer my child to be sent to \_\_\_\_\_ St. Elizabeth Hospital, 1000 Lincoln, Ft. Morgan 867-3391

\_\_\_\_\_ East Morgan County Hospital, 2400 Edison, Brush 842-6200

\_\_\_\_\_  
**Signature/Printed Name of Parent or Guardian**

\_\_\_\_\_  
**Today's Date**

# Emergency Contact Other Than Parents

## In Case Child Gets Sick Or Needs To Be Picked Up.

Student's Full Name \_\_\_\_\_

### IN CASE OF EMERGENCY AT SCHOOL:

**Emergency Contact:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

School officials have my permission to obtain immediate emergency medical treatment for my child if, in their opinion, this becomes necessary. I will assume any resulting expenses. In the event of a crisis situation where the children are removed from campus, the children will be escorted to Murdoch's, and parents will be notified.

\_\_\_\_\_  
**PARENTAL SIGNATURE OF CONSENT**

\_\_\_\_\_  
**DATE**

**TRINITY LUTHERAN SCHOOL 2026-2027**  
**Photo, Video, and Name Release Form**

Throughout the school year, photographs and video images may be taken of students or families of Trinity Lutheran School during school activities. These may be used on the school website, Facebook page, and/or for publicity purposes.

When photographs or video images of students or families are used on the school website, Facebook page, or for publicity purposes, they may be identified by first and last name. Parents/guardians must sign a personal photo and video image release form for their family member's photos or video images to be displayed.

Please sign the form below to let us know if we can use your family member's photos or video images to promote school programs should his or her photo be taken.

Thank you!

**(Check One)**

(  ) **Yes**, I consent to the use of my family members' photos or video images on the Trinity Lutheran School Website and Facebook page for publicity purposes. I understand that my family member's photos or video images may be identified with first and last names.

(  ) **No**, I do not wish my child's photos or video images used by Trinity Lutheran School for publicity purposes.

Student Name(s) \_\_\_\_\_  
(Please Print)

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

**Date** \_\_\_\_\_

\*\*All student's pictures and names will be used for yearbooks and/or memory books.

**Trinity Lutheran School /Little Lambs, Trinity ELC  
Child Physical Report**

(Must be completed and signed by a Health Care Professional)

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Health History & Medical Information pertinent to routine childcare & emergencies: None \_\_\_\_\_

Yes, Describe:

Special Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Type of Reaction: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any problems that would prohibit normal school activities: \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_

Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Date of next physical \_\_\_\_\_

**Please attach a copy of the immunization record:**

Health Provider name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TRINITY LUTHERAN SCHOOL 2026-2027

Enrollment is complete when you have returned your completed packet.

- completed packet,
- birth certificate (if not previously turned in),
- updated immunization,
- registration fee paid.

I have read and understand the policies.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_