



TRINITY LUTHERAN SCHOOL 2024-2025 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 | \$260 |
| Grades 1-5 | \$330 |

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 5th or the 20th of the month. They will be made during the months of August through May, 10 equal payments. There is a \$50.00 annual FACTS agreement fee that will be assessed about two weeks after your account is posted. If payment of tuition or fees becomes delinquent, the school reserves the right to deny attendance until payment is made or an alternate arrangement has been 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 2024-2025 school year are as follows:

| | <u>Annual</u> | <u>Semester</u> | <u>Monthly</u> |
|--------------------------------|---------------|-----------------|----------------|
| Kindergarten – 5 th | \$4,620.00 | \$2,310.00 | \$462.00 |
| Each additional K-5 child | \$3230.00 | \$1,615.00 | \$323.00 |

The tuition costs for **MEMBERS of Trinity Lutheran Church** for the 2024-2025 school year are as follows:

| | <u>Annual</u> | <u>Semester</u> | <u>Monthly</u> |
|--------------------------------|---------------|-----------------|----------------|
| Kindergarten – 5 th | \$2,770.00 | \$1,385.00 | \$277.00 |
| Each additional K-5 child | \$1,960.00 | \$980.00 | \$196.00 |

**TRINITY LUTHERAN SCHOOL 2024-2025
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If monthly, I would like my payment to be withdrawn on the 5th _____ AND/OR 20th _____, and I will sign up for the FACTS tuition management service and pay the annual fee of \$50.

Please go online to ---- 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 2024-2025 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 5th or 20th 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 5th or 20th 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 (5th or 20th), 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 5th of the month, the reattempt will occur on the 20th; for payment scheduled for the 20th, the reattempt will occur on the 5th 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 2024-2025
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)

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 – Small _____ Medium _____ Large _____

TRINITY LUTHERAN SCHOOL 2024-2025
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 2024-2025 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 2024-2025
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 2024-2025

Enrollment is complete when you have returned your completed packet,

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

AFTERCARE

After-school care is available until 5:30 daily. The program is under the Little Lambs, Trinity ELC license.

Costs- There is a \$10.00/day charge for aftercare. A punch card needs to be purchased prior to use. Punch cards are \$100 for 10 punches.

Late School Pick-Up -After 3:40 PM

Children who are not picked up from school by 3:40 P.M. will be taken to Aftercare, and the parents will be charged for the day. (\$10.00)

I understand that if I pick up my child(ren) after 3:40 P.M, I will be charged \$10 per student.

SIGNATURE _____

DATE _____