

DATE/TIME RECEIVED: \_\_\_\_\_



## 2023-2024 Early Childhood Education Application

714-637-0887 / [www.school.hephatha.net](http://www.school.hephatha.net) / LIC #300602295 /    

Child's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Date of birth \_\_\_ / \_\_\_ / \_\_\_ (requirement for admission: 2 years, 5 mos. of age by 9/1/23, and \*potty-trained)

*\* Fully potty trained means: 1. Your child knows when he or she has to use the bathroom, and does not require any assistance in the bathroom; 2. Your child is able to postpone going if he or she must wait.\**

Primary Email \_\_\_\_\_

Resides with:  Both Parents  Father  Mother  Shared Custody

Child's primary address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Are you a Church Member at Hephatha? Yes \_\_\_ No \_\_\_ If not, name of Congregation: \_\_\_\_\_

Has your child been baptized?  Yes  No If so, where? \_\_\_\_\_

Is your child currently attending another ECE program?  \*Yes  No If so, where? \_\_\_\_\_

*\*(If yes, the Confidential Recommendation Form must be completed and returned to Hephatha via fax, email or mail by your child's current program. The admissions process is not complete without receipt of this form.)\**

Please list siblings of the applicant: Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Grade \_\_\_ School \_\_\_\_\_

## **Classroom Placement... children are placed according to their age as of Sept. 1, 2023, and as close to within 6 mos. of their classmates as possible.**

### ALL PROGRAMS

2 years, 5 months by 9/1/23 and potty trained, through 3 years of age

## **2's Classroom**

### ALL PROGRAMS

3 years of age and potty trained

## **3's Classroom**

### ALL PROGRAMS — KINDERGARTEN PREP CLASSES

4 years of age and potty trained

## **4's Classroom**

### 5 DAY PROGRAMS ONLY - KINDERGARTEN PREP CLASS

Birthdays between 6/1/18 and 12/31/18 (4 years, 9 months through 5 years, 3 months of age)

## **T.K./Transitional Kindergarten**

(Assessment required. An assessment is part of the admissions process for TK students who are new to Hephatha. Current Hephatha students are given an assessment each January.)

## Choose a Program... Mark "1st" and "2nd" next to your top two choices.

- The registration fee is **\$250 per child** (non-refundable/non-transferrable), paid via FACTS upon acceptance.
- If your child is placed on a wait list, you will be billed the registration fee **after** your child is placed in a class.
- If you wish to change your child's program after they have already been placed, Hephatha will review the class lists to ensure that your request can be accommodated. If your program change adds additional days to your child(ren)'s schedule, no charge will be applied. Otherwise, the fee is \$50 per child after 7/1/23, and \$100 per child after 8/1/23.

### Half Day

7 am - 12:30 pm

- \_\_\_\_\_ Mon - Fri:..... 10 payments of \$778, 2 payments of \$3,812 or 1 payment of \$7,624
- \_\_\_\_\_ Mon/Weds/Fri:. 10 payments of \$552, 2 payments of \$2,705 or 1 payment of \$5,410
- \_\_\_\_\_ Tues/Thurs:..... 10 payments of \$432, 2 payments of \$2,117 or 1 payment of \$4,234

### Half Day

8:45 am - 12:30 pm

- \_\_\_\_\_ Mon - Fri: .....10 payments of \$568, 2 payments of \$2,783 or 1 payment of \$5,566
- \_\_\_\_\_ Mon/Weds/Fri:. 10 payments of \$451, 2 payments of \$2,210 or 1 payment of \$4,420
- \_\_\_\_\_ Tues/Thurs:..... 10 payments of \$344, 2 payments of \$1,686 or 1 payment of \$3,372

### Part Day

8:45 am - 3 pm

(One-time \$30 Rollee-Pollee fee required for rest time)

- \_\_\_\_\_ Mon - Fri: .....10 payments of \$850, 2 payments of \$4,165 or 1 payment of \$8,330
- \_\_\_\_\_ Mon/Weds/Fri:. 10 payments of \$584, 2 payments of \$2,862 or 1 payment of \$5,724
- \_\_\_\_\_ Tues/Thurs:..... 10 payments of \$460, 2 payments of \$2,254 or 1 payment of \$4,508

### Full Day

7 am - 5 pm

(One-time \$30 Rollee-Pollee fee required for rest time)

- \_\_\_\_\_ Mon - Fri:..... 10 payments of \$970, 2 payments of \$4,753 or 1 payment of \$9,506
- \_\_\_\_\_ Mon/Weds/Fri:. 10 payments of \$722, 2 payments of \$3,538 or 1 payment of \$7,076
- \_\_\_\_\_ Tues/Thurs: .....10 payments of \$558, 2 payments of \$2,734 or 1 payment of \$5,468



## Tell us more... help us get to know your child!

Please complete the following, so that we can get to know your child better! This information will be used to place your child in to the most appropriate learning environment. \_\_\_\_\_

If applicable, please describe your child's previous school experiences. Please include the name of the school, and make sure they complete & return via fax or email the "Confidential Recommendation Form": \_\_\_\_\_

Has your child had any opportunities for social interaction with other children (i.e. playdates, mommy and me classes, Sunday School, etc.). Please list as many as are applicable: \_\_\_\_\_

Have/has any aspects of your child's behavior, development, speech, hearing or health concern you, your child's current teacher, or your child's Pediatrician? If yes, please describe: \_\_\_\_\_

Has your child ever been evaluated or referred for any early intervention services (such as occupation therapy, speech therapy, behavioral therapy, physical therapy, or psychological therapy)? If so, please describe the outcome here, and attach your child's IEP or any other applicable information: \_\_\_\_\_

Has your child ever received early intervention services (such as occupational therapy, speech therapy, behavioral therapy or physical therapy, or psychological therapy, including those provided by a regional center, local school district or private practice? Are they currently receiving any of these services? If yes, please explain: \_\_\_\_\_

Is your child fully immunized?      Yes      No

**Per California State Law (SB-277)**, as of January, 2016, Hephatha cannot accept un-immunized children in to our program **unless it is for medical reasons**. A signed, written statement from a physician (MD or DO) licensed by the state of California is required, stating the following: 1) The specific nature of the physical condition or medical circumstance; 2) Each specific required vaccine being exempted; 3) Whether the medical exemption is permanent or temporary; and, 4) If the exemption is temporary, an expiration date of no more than 12 calendar months from the date of signing must be documented. **Per California State Law (SB 276)**, as of January 1, 2021, the only exemptions accepted are those submitted via the California Immunization Registry (CAIR). **Immunization requirements for 18 mos. - 5 years are:** 3 Polio, 4 DTaP, 3 Hep B, 1 MMR (on or after the 1<sup>st</sup> birthday), 1 Hib (on or after the 1st birthday), and 1 Varicella.

Please describe any accommodations your child might need while attending preschool (i.e. health issues, allergies, social-emotional needs, or physical restrictions): \_\_\_\_\_

Have there been, or will there be in the near future, any significant family changes that your child will be adjusting to? (For example: new siblings, moving, a new home, a death in the family, new marriages or separations/divorces, etc.) \_\_\_\_\_

Do you have any additional comments or concerns that you would like to share with us (your child's teacher, the Director, or the Resource Specialist)? \_\_\_\_\_

## **Financial Commitment... everything you need to know about tuition.**

I have completed this application and to the best of my knowledge. All information given is correct. In submitting this registration form, I agree to abide by the rules and regulations of Hephatha Lutheran School (including paying tuition and all fees on time).

**TUITION (NON-REFUNDABLE/NON-TRANSFERRABLE)** Tuition can be paid on an annual or bi-annual basis, or over 10 monthly installments. Families who pay tuition on an annual or bi-annual basis receive a discount. On the 10 month plan, the total tuition is divided in to 10 installments, with the first being due on 7/1/23, then resuming at the first of each month, beginning with 9/1/23 and ending with 5/1/24. *Tuition is due whether the child is present in school or not.* Tuition is based on an academic school year (late Aug. - early June), and holidays and breaks are already pro-rated in to the tuition.

If an account becomes sixty (60) days overdue, the School Board of Hephatha Lutheran Church may consider dismissing the student(s).

30 days' notice is required from a Parent/Guardian when leaving or making a change in an ECE program, *for any reason.* **Tuition is non-refundable/non-transferrable.** If your program change adds additional days to your child(ren)'s schedule, no charge will be applied. Otherwise, the fee is \$50 per child for program changes made after 7/1/23, and \$100 per child for program changes made after 8/1/23.

**The following discount(s) apply to me:** (Check all that apply)

- 1. Bi-annual/Annual payment discount (already included in the listed tuition)
- 2. Sibling discount (10%)
- 3. Church member discount (15%; must have Commitment Form signed prior to 6/1/23)
- 4. PSD-LCMS Church worker discount (30%; must work full time at a PSD-LCMS Church or School)

**Our payment preference is:** (Check one of the following)

- 1. FACTS will draft my full payment on 7/1/23
- 2. FACTS will draft bi-annual payments on 7/1/23 and 1/1/24.
- 3. FACTS will draft ten (10) monthly installments, with the first installment drafted on 7/1/23 - no installment drafted in August - and then installments will resume drafting each month, beginning on 9/1/23, with the last installment drafting on 5/1/24.

**Your child's registration will be complete,** once you have completed all of the State-required paperwork via "EnrollMe" on Gradelink, and once you have made your first tuition payment via FACTs. You will receive both of these links via email after submission of your application.

***Non-discrimination policy:*** *It is the policy of Hephatha Lutheran Church and School not to discriminate on the basis of race, color, religion (creed), or national origin in any of its activities or operations.*

**I hereby certify that the information on this application is accurate and complete, and I understand that submitting incorrect or incomplete information may result in my child's non-acceptance or dismissal from the Program.**

**Signed:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_