



Zion School Checklist

4206 W. Elm Street
McHenry, IL 60050
(815) 385-4488

- Application for Enrollment
- Copy of Birth Certificate
- Extended Care Registration Form
- Emergency Card (Yellow)
- Parent Handbook Acknowledgement Form
- Volunteer Form
- Media & Directory Release Form
- Method of Payment Form

Additional Items Required for K-1st Grade:

- Medical Form
- Dental Form
- Vision Form
- Transportation Form (if using McHenry Transportation Bus Service)

Zion Evangelical Lutheran Church and School

4206 West Elm Street • McHenry, IL 60050

(815) 385-4488 • school@zionmchenry.org

www.zionmchenry.org



APPLICATION FOR ENROLLMENT

Appreciating the educational advantages offered by a Christian School, we hereby request that our child be enrolled as a student at Zion Lutheran School.

INSTRUCTIONS: All requests need to be filled out completely. This application with the registration fee needs to be returned as soon as possible to ensure your child's enrollment. ***Please note, the registration fee is non-refundable.***

Child's Name: _____ Date of Birth & Age: _____

Address: _____ City: _____ Zip: _____

Class Requested:

3 Year Old Options:

_____ 2 Day Morning Preschool
T & Th, 9 – 11:30am

_____ Full Day Preschool
M – F, 9am – 3pm

4 Year Old Options:

_____ 3 Day Morning Preschool
M, W & F, 9 – 11:30am

_____ Full Day Pre-K
M – F, 9am – 3pm

Kindergarten & First Grade:

_____ Kindergarten
M – F, 9am – 3pm

_____ First Grade
M – F, 9am – 3pm

Father's Information:

Name: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Mother's Information:

Name: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Home Phone: _____

Business Phone: _____

E-mail: _____

Are both parents living at home with this child? _____ If no, please give reason: _____

If no, who has legal custody of this child? _____

Church Member at: _____

Baptized: Yes/No Year: _____

Name of person to call if parents cannot be reached:

Name/Relationship Phone _____

Cell Phone _____

Name/Relationship Phone _____

Cell Phone _____

Please list any **ALLERGIES** and/or **HEALTH / ACCESSABILITY NEEDS:**

How did you hear about us? _____

Referred by: _____

Parent / Guardian Signature: _____

Date _____

Zion Lutheran School

Tuition 2020-21 School Year

CLASSES	REGISTRATION FEE	MONTHLY TUITION	CHURCH MEMBER TUITION
2 Day Morning Preschool (3yo) T Th / 9:00am - 11:30am	\$100	\$150	\$105
Full Day Preschool (3yo) M – F 9am – 3pm	\$225	\$400	\$280
3 Day Morning Preschool (4yo) M W F / 9:00am – 11:30am	\$125	\$225	\$158
Full Day Pre-K (4yo) M - F 9:00am – 3:00pm	\$225	\$400	\$280
Full Day Kindergarten 9:00am – 3:00pm	\$225	\$400	\$280
First Grade 9:00am – 3:00pm	\$225	\$400	\$280

The Registration Fee is Non-Refundable and is due at time of registration

Tuition is due on the 25th of each month for the upcoming month

Discounts and Incentives (Max 1 discount per student)

- There is a 10% discount on each additional student for families.
- Members of Zion receive a 30% discount on tuition. For information about church membership, please contact the Office.
- There is a \$100 referral credit offered following 3rd month of paid tuition.
- 5% discount when tuition is paid in full.

Bus Service is available to all enrolled students (5 years old and up) who live within the District 15 School Boundaries.

Extended Care 

Zion Lutheran School

Extended Care 2020-21 School Year

Zion offers Morning and Afternoon Extended Care with a wide range of use and payment options. Siblings may be eligible to use Extended Care even if not attending Zion. See the Office for more information.

	Morning 7:00 – 8:45 AM	Afternoon 3:15 – 5:30 PM
Drop In <i>Billed Weekly</i>	\$12	\$15
Unlimited <i>Billed Monthly</i>	\$160	\$185
Unlimited Both <i>Billed Monthly</i>	\$340	

Tuition



Zion Lutheran School

Extended Care 2020-21 Registration Form

Students Last Name: _____ First Name: _____

Students Teacher: _____ Grade: _____

Circle hours when extended care may be needed:

Monday: Before After *Tuesday:* Before After

Wednesday: Before After *Thursday:* Before After

Friday: Before After

Please choose (circle) a Payment Option:

- **Option 1**

Mornings: 7:00 - 8:45am \$12

Afternoons: 3:15- 5:30pm \$15

(billed weekly)

- **Option 2**

Unlimited Morning and Afternoon \$340/month (billed monthly)

- **Option 3**

Unlimited Morning \$160 (billed monthly)

- **Option 4**

Unlimited Afternoon \$185 (billed monthly)

Parents Contact Information

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Please list allergies, dietary restrictions, medical conditions, or special needs that your child has:

Name, relationship and phone number of individuals who are authorized to pick your child up other than parents.

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

I have read Zion Lutheran School's extended care information and understand that I must make bi-weekly, on time, payments in order to keep my child enrolled in the program. **I also understand that I will be assessed a \$10 late charge after 5:30 pm and an additional \$10 after 5:45pm per child if my child(ren) are not picked up, which will be billed on my weekly Extended Care Statement.**

Signed: _____ **Date:** _____

ZION LUTHERAN SCHOOL
PREFERRED PAYMENT METHOD

Invoices are sent the 10th of each month for the following month and payment is due by the 25th of the month. Tuition rates are based on nine (9) monthly payments.

Student Name: _____

My preference for paying invoices from Zion is...

[] by **Check or Cash**, mailed or paid in person to the Office.

[] by **Credit Card** online or in the office. ***I understand a 3.5% convenience fee will be included in the total amount charged to my card.***

Parent's Signature: _____

Date: _____

Zion Lutheran School Volunteer form

Zion Lutheran School is continually working to strengthen the partnership between our school and our students' families. Parent involvement is an integral part of your child's education experience. It also provides a fun way to meet other families at Zion.

Listed below are some of the volunteer opportunities available. Please provide us with some information about you and your family's talents and interests. We strive to include all parents and accommodate all schedules and needs. If you see an area that we have missed that you can help us out, please let us know. We appreciate your help!

I am interested in assisting with:

- | | |
|--|---|
| <input type="checkbox"/> Laminating | <input type="checkbox"/> Occasional help with lunch |
| <input type="checkbox"/> School Beautification | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Prepare classroom materials | <input type="checkbox"/> Prepare Scholastic orders |
| <input type="checkbox"/> Set up or clean up special events | <input type="checkbox"/> Chaperone/drive for field trip |
| <input type="checkbox"/> Classroom Parent | <input type="checkbox"/> Special Classroom activity/party |
| <input type="checkbox"/> Read to Students | <input type="checkbox"/> Music |
| <input type="checkbox"/> Art | |

I have a talent or skill that I would like to share:
I have access to a resource that might be a great fit for the school:
Parent name: _____ Student Name: _____
Email Address: _____ Phone number: _____

MEDIA RELEASE and PARENT PERSONAL INFORMATION

MEDIA

Throughout the year, many opportunities are present for our teachers and parents to catch some great photos of our students. With your permission, we would like to share these memories with our parents, our congregation, and others to enjoy.

I _____ (parent name) understand that throughout the school year, my child (child's name) _____ may be filmed or photographed. I understand that the image may be made available through social media, school advertisements, church website, and other various forms. I agree to allow Zion Lutheran School to publish these photos at their discretion and agree not to hold Zion Lutheran Church liable for harm that may come of unauthorized reproduction.

Parent Signature: _____ Date: _____

PERSONAL INFORMATION

Zion Lutheran School is happy to provide a parent & student directory to those who wish to participate. Parents will receive a directory with a list of student & parents names, address, & any email address or phone number they wish to make available. If you would like to participate in our directory, please fill in the information below.

Parents (or Guardian) Names: _____

Child/Children Name(s) & Grade: _____

Address: _____
(Include city, state & zip)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____



Pre-School Supply List – 2 or 3 Day (Morning) 2020-21

- 1 Pair Blunt Scissors
- 5 Glue Sticks
- 2 Bottles Elmer's School Glue
- 1 Box Crayola Washable Thick Markers
- 1 Box Crayola Washable Thin Markers
- 1 Set Expo Dry Erase Markers
- 1 Box Crayola Crayons (24 Count)
- 1 Box Colored Pencils
- 1 Watercolor Paints
- 1 Pack Colored Sharpies
- 1 Pack of Sticky Notes (any size)
- 1 Pencil Box
- 1 Composition Notebook Wide Ruled
- 3 Paper Folders with 3 Ring Prongs
- 1 Pocket Folder
- 1-1" 3-Ring Binder
- 1 Box Quart Size Ziploc Bags
- 1 Box Gallon Size Ziploc Bags
- 1 Roll of Paper Towels
- 1 Package of Paper Plates
- 1 Package of Napkins
- 1 Box of Kleenex
- 1 Box of 5oz Cups
- 1 Package Stickers
- Dollar Store Prizes
- 1 Change of Clothes (*to be left at school*)
- Extra Masks to be changed throughout the day