



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 through 3rd Grade:

- ☐ Medical Form
- ☐ Dental Form
- ☐ Vision Form
- ☐ Bus Transportation Form (Optional)

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:

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

4 Year Old Options:

_____ Full Day Pre-K
M – F, 9am – 3pm

K – 3rd Grade:

_____ Kindergarten
M – F, 9am – 3pm

_____ 1st Grade
M – F, 9am – 3pm

_____ 2nd Grade
M – F, 9am – 3pm

_____ 3rd 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 2023-24 School Year

CLASSES	REGISTRATION FEE	MONTHLY TUITION	CHURCH MEMBER TUITION
Full Day Preschool (3yo) 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
Full Day Pre-K (4yo) 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
Full Day Kindergarten 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
1 st Grade 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
2 nd Grade 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
3 rd Grade 9:00 a.m. – 3:00 p.m.	\$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 2023-24 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.

	<i>Morning</i> <i>7:00 – 8:45 a.m.</i>	<i>Afternoon</i> <i>3:15 – 5:30 p.m.</i>
Drop In <i>Billed Weekly</i>	\$15	\$18
Unlimited <i>Billed Monthly</i>	\$165	\$190
Unlimited Both <i>Billed Monthly</i>	\$350	

Revised 6/22/2023

Tuition



Zion Lutheran School

Extended Care 2023-24 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 a Payment Option:

- **Option 1**

Mornings: 7:00 - 8:45am \$15
Afternoons: 3:15- 5:30pm \$18
(billed weekly)

- **Option 2**

Unlimited Morning and Afternoon \$350/month (billed monthly)

- **Option 3**

Unlimited Morning \$165 (billed monthly)

- **Option 4**

Unlimited Afternoon \$190 (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 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 & parent 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: _____

Student's Name				Birth Date			Sex	Race/Ethnicity			School /Grade Level/ID#															
Last		First		Middle		Month/Day/Year																				
Address		Street		City		Zip Code		Parent/Guardian						Telephone # Home		Work										
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <i>every</i> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.																										
REQUIRED Vaccine / Dose		DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6									
		MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR							
DTP or DTaP																										
Tdap; Td or Pediatric DT (Check specific type)		ⓈTdapⓈTdⓈDT			ⓈTdapⓈTdⓈDT			ⓈTdapⓈTdⓈDT			ⓈTdapⓈTdⓈDT			ⓈTdapⓈTdⓈDT			ⓈTdapⓈTdⓈDT									
Polio (Check specific type)		Ⓢ IPV Ⓢ OPV			Ⓢ IPV Ⓢ OPV			Ⓢ IPV Ⓢ OPV			Ⓢ IPV Ⓢ OPV			Ⓢ IPV Ⓢ OPV			Ⓢ IPV Ⓢ OPV									
Hib Haemophilus influenza type b																										
Pneumococcal Conjugate																										
Hepatitis B																										
MMR Measles Mumps. Rubella										Comments:																
Varicella (Chickenpox)																										
Meningococcal conjugate (MCV4)																										
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																										
Hepatitis A																										
HPV																										
Influenza																										
Other: Specify Immunization Administered/Dates																										
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.																										
Signature						Title						Date														
Signature						Title						Date														
ALTERNATIVE PROOF OF IMMUNITY																										
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR																										
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. Date of <div> <div>Disease</div> <div>Signature</div> <div>Title</div> </div>																										
3. Laboratory Evidence of Immunity (check one) ⓈMeasles* ⓈMumps** ⓈRubella ⓈVaricella Attach copy of lab result.																										
*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.																										

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

11/2015

(COMPLETE BOTH SIDES)

Printed by Authority of the State of Illinois

Last First Middle			Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID #
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)	Yes No	List:	MEDICATION (Prescribed or taken on a regular basis.)	Yes No	List:
Diagnosis of asthma?	Yes No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Child wakes during night coughing?	Yes No		Hospitalizations? When? What for?	Yes No	
Birth defects?	Yes No		Surgery? (List all.) When? What for?	Yes No	
Developmental delay?	Yes No		Serious injury or illness?	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No		TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Diabetes?	Yes No		TB disease (past or present)?	Yes* No	
Head injury/Concussion/Passed out?	Yes No		Tobacco use (type, frequency)?	Yes No	
Seizures? What are they like?	Yes No		Alcohol/Drug use?	Yes No	
Heart problem/Shortness of breath?	Yes No		Family history of sudden death before age 50? (Cause?)	Yes No	
Heart murmur/High blood pressure?	Yes No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes No		Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor <input type="checkbox"/>			Parent/Guardian Signature		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Date		
Ear/Hearing problems?	Yes No				
Bone/Joint problem/injury/scoliosis?	Yes No				

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI ≥ 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed ☐ **Test performed** ☐ **Skin Test:** **Date Read** / / **Result:** **Positive** ☐ **Negative** ☐ **mm** _____
Blood Test: **Date Reported** / / **Result:** **Positive** ☐ **Negative** ☐ **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	

Respiratory		☺ Diagnosis of Asthma	Mental Health		
Currently Prescribed Asthma Medication: ☺ Quick-relief medication (e.g. Short Acting Beta Agonist) ☺ Controller medication (e.g. inhaled corticosteroid)			Other		
NEEDS/MODIFICATIONS required in the school setting			DIETARY Needs/Restrictions		
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup					
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: ☺ Nurse ☺ Teacher ☺ Counselor ☺ Principal					
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes ☺ No ☺ If yes, please describe.					
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)					
PHYSICAL EDUCATION Yes ☺ No ☺ Modified ☺ INTERSCHOLASTIC SPORTS Yes ☺ No ☺ Modified ☺					
Print Name		(MD,DO, APN, PA)	Signature		Date
Address			Phone		



State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)
Birth Date _____ Gender _____ Grade _____
(Month/Day/Year)
Parent or Guardian _____
(Last) (First)
Phone _____
(Area Code)
Address _____
(Number) (Street) (City) (ZIP Code)
County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____
Ocular history: ☐ Normal or Positive for _____
Medical history: ☐ Normal or Positive for _____
Drug allergies: ☐ NKDA or Allergic to _____
Other information _____

Examination

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? ☐ Yes ☐ No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

☐ Normal ☐ Myopia ☐ Hyperopia ☐ Astigmatism ☐ Strabismus ☐ Amblyopia

Other _____



State of Illinois Eye Examination Report

Recommendations

1. Corrective lenses: ☐ No ☐ Yes, glasses or contacts should be worn for:
☐ Constant wear ☐ Near vision ☐ Far vision
☐ May be removed for physical education

2. Preferential seating recommended: ☐ No ☐ Yes

Comments _____

3. Recommend re-examination: ☐ 3 months ☐ 6 months ☐ 12 months
☐ Other _____

4. _____

5. _____

Print name _____

Optometrist or physician (such as an ophthalmologist)
who provided the eye examination ☐ MD ☐ OD ☐ DO

License Number _____

Address _____

Phone _____

Signature _____

Date _____

Consent of Parent or Guardian

I agree to release the above information on my child
or ward to appropriate school or health authorities.

(Parent or Guardian's Signature)

(Date)

(Source: Amended at 32 Ill. Reg. _____, effective _____)



PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
Address:	Street	City	ZIP Code	
Name of School:	ZIP Code	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Last Name	First Name		
Student's Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____				

To be completed by dentist:

Date of Most Recent Examination: _____ (Check all services provided at this examination date)
☐ Dental Cleaning ☐ Sealant ☐ Fluoride treatment ☐ Restoration of teeth due to caries

Oral Health Status (check all that apply)

- ☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**
- ☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- ☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- ☐ Yes ☐ No **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

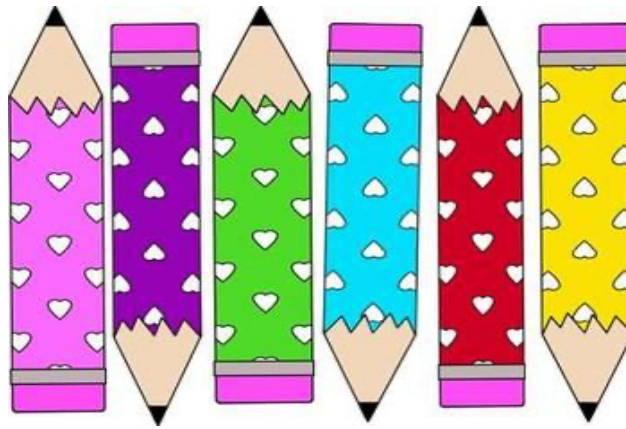
Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

- ☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date: _____
- ☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date: _____
- ☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date: _____

Additional comments: _____

Signature of Dentist _____ License #: _____ Date: _____





Pre-K & Preschool Supply List 2023-24

Please bring these supplies on **Monday, August 14th** - Back to School Night.

No need to label the following items:

- 2 Plastic Folders
- 2 Sets of Multi-Colored Pencils
- 1 Set of Colored Expo Markers
- 2 Boxes of Crayola Crayons (24 Count)
- 1 Box of Thin Crayola Markers (Classic Colors)
- 3 Boxes of Thick Crayola Markers (Classic Colors)
- 10 Elmer's Glue Sticks
- 2 Packages Water Colors
- 1 Fiskars "Kid" Scissors
- 1 Bottle Elmer's School Glue
- 1 Package Baby Wipes
- 1 Package Dixie Cups (5 oz. or larger)
- 1 Package of Napkins
- 1 Package Paper Plates
- 1 Package Ziploc Sandwich Bags
- 2 Boxes of Kleenex
- 2 Packs of Stickers (not little ones)
- Prizes (small trinkets)

Please DO label the following items:

- 1 Three-Ring Binder (2")
- 1 Plastic School Supply Box
- Large Backpack (Standard Size – Not Mini)
- Thin Yoga Mat (24" x 68", 3-4 Millimeter Thick)
- "Milk Crate" Size Box – 13" Storage Crate
- Complete Change of Clothes



Kindergarten & 1st Grade Supply List 2023-24

Please bring these supplies on **Thursday, August 10th** - Back to School Night.

No need to label the following items:

- 20 Elmer's Purple Glue Sticks
- 2 Boxes Crayola Colored Pencils (12 count)
- 2 Boxes Thin Crayola Markers (Classic colors)
- 4 Boxes Crayola Crayons (24 count)
- 2 Packages Baby Wipes
- 2 Boxes of Kleenex
- 1 Box Gallon-Size Ziploc Bags with Slider
- 1 Container Clorox Wipes
- 1 Roll of Paper Towels
- 1 Watercolor Set

Please DO label the following items:

- First Grade – 2 **PLASTIC** Folders with Prongs (1-Red, 1-Green)
- Kindergarten - 3 **PLASTIC** Folders with Prongs (1-Red, 1-Green, 1-Any Color)
- Large Backpack
- 1 **No-Spill** Water Bottle
- Rubbermaid Tub (for boots - no lid needed)
- 1 Fiskars Brand Scissors
- 1 Composition Notebook
- 1 Zipper 3-Ring Pencil Pouch
- 1 Change of Clothes - in a bag to be kept in backpack all year
- 1 Plastic Pencil/Supply Box
- 1 Coloring Book



2nd and 3rd Grade Supply List 2023-24

Please bring these supplies on **Monday, August 14th** - Back to School Night.

No Need to Label The Following Items:

- 1 Package (4 or more) Expo Markers
- 1 Bottle Hand Sanitizer *with a pump*
- 2 Boxes of Kleenex
- 1 Pack Quart Ziplock Bags with Slider
- 1 Roll Paper Towels
- 1 Package Paper Plates
- 1 Pack Baby Wipes
- 1 Watercolor Set (for art room)
- 1 Box Crayola Crayons (for art room)
- 1 Pack Lined Paper

Please Do Label the Following Items:

- 3 **Plastic** Folders in Red, Blue, and Student's Choice
- Large Backpack
- 1 No-Spill Water Bottle
- 3 Large Pink Erasers
- 3 Dozen #2 Pencils, Pre-Sharpened
- Rubbermaid Tub for Boots (no lid needed)
- 1 Pair **Safety** Scissors
- 1 Wide-Ruled Spiral Notebook
- 1 Change of Clothes (to be left in the backpack all year)
- 1 Plastic Pencil/Supply Box
- Three Ring Binder (students choice of color/design)
- 1 Package of Regular Crayola Markers (classic colors)
- 1 Package of Thin Crayola Markers (classic colors)
- 2 Boxes Crayola Crayons (24 count)
- 2 Packs Crayola Colored Pencils (12 count)

Zion

Lutheran Church & School



Parent Handbook

2023-2024

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



Vision Statement

To become a family of learners growing in Christ through faith, love, education and service.

Mission Statement

Zion Lutheran School provides Christ-centered academic excellence.

School Purpose

The Zion Board of Christian Day School's life and mission includes partnering with parents in the development of their child. We offer young children a Christ centered setting in which to grow to learn. We strive to help them develop emotionally, intellectually, physically, socially, and spiritually using developmentally appropriate educational activities.

Grades: Preschool – 3rd Grade

School Colors: Purple and White

Mascot: Lion

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Directory

School Phone: 815-385-4488

Rev. Mark Buetow, Pastor and School Administrator

pastorbuetow@zionmchenry.org

Brandy Curtis, Administrative Assistant

school@zionmchenry.org

Annalise Asen, Second & Third Grades

annalise@zionmchenry.org

Susan Buetow, Preschool

susan@zionmchenry.org

Donna Kus, Pre-K

donna@zionmchenry.org

Joanne Kushman, Kindergarten & First Grade

joanne@zionmchenry.org

Jennel Lawson, Pre-K Aide

jennel@zionmchenry.org

Enrollment

Enrollment

Children are required to furnish a birth certificate at the time of enrollment. A dental examination, physical examination, proof of immunization and an eye examination must also be provided (K – 3rd only).

Emergency Forms

At the beginning of each year, parents are asked to complete a student Emergency Form. It is necessary that you keep these current. It is the information on these cards that our teachers/school office use to reach you when an emergency or questions arise during the school year. Please contact us any time if you need to change a portion of the information on the card.

Enrollment Forms Checklist

For All Students

- ☐ Registration Form
- ☐ Parent Handbook Acknowledgement
- ☐ Parent Volunteer Form
- ☐ Emergency Card (yellow)
- ☐ Media & Directory Release
- ☐ Birth Certificate
- ☐ Extended Care Registration Form
(If using extended care)

Additional Items required for K – 3rd

- ☐ Medical Form
- ☐ Dental Form
- ☐ Eye Exam Form
- ☐ McHenry Schools Transportation Form
(If using school bus system – must be 5 years old)

Registration Fee

The Registration fee for students must be paid at the time of enrollment.

Communication from the School

We communicate School-wide via a weekly email and text messaging service. Please make sure to check your email. Please sign up for texting by sending a message to 815-240-0546 and following to the registration link.

Tuition and Payments

Registration and Tuition Rates

CLASSES	REGISTRATION FEE	MONTHLY TUITION	CHURCH MEMBER TUITION
Full Day Preschool (3yo) 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
Full Day Pre-K (4yo) 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
Full Day Kindergarten 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
1 st Grade 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
2 nd Grade 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280
3 rd Grade 9:00 a.m. – 3:00 p.m.	\$225	\$400	\$280

Payments/Late Fees

Tuition is invoiced by email on the 10th of each month. All payments are due on the **25th** of every month. September tuition is due by **August 25th**. **The non-refundable registration fee is due at time of registration.** If a tuition payment is not received by the 25th, a **\$15 late fee** will be assessed and you will receive a Tuition Due Reminder letter. If payment is still not received by the 1st of the month and a payment plan has not been arranged, then your child/children will be removed from the class rolls and **will not be able to attend school** until all money owed has been collected.

Convenience Fee

A 3.5% Convenience Fee is added to all invoices to facilitate payment by Credit or Debit Card. **This Fee is removed for all cash or check payments.**

Paid in Full Discount

There is a 5% discount if the entire tuition is paid in full at the start of the school year.

Member Tuition Discount

Members of Zion Lutheran Church who enroll their children pay a discounted rate as shown in the table above. A minimum attendance at **three regular services of the church (Sunday or Wednesday) per month** is required to receive the discount in a given month. If the attendance requirement is not met, tuition will be billed at the non-member rate for the upcoming month. If you are interested in becoming a member of Zion's congregation, please contact Pastor Buetow.

Referral Credits

Zion grows when you refer your friends and relatives to our school! In order to thank families for referring others to Zion, we offer a \$100 referral tuition credit. When a family you have referred to Zion enrolls and has made three tuition payments, your account will be credited \$100. This credit can be gained more than once, so keep telling others about Zion!

Extended Care

Zion offers Extended Care for students both before and after regular school hours. Students will have the opportunity to play, read, work on homework, or participate in other activities during these hours.

Extended Care Registration

To use extended care an Extended Care Registration form must be submitted to the school office. (This form is available in the Registration Packet). A child **may not use Extended Care** without this form on file.

Extended Care Hours

	Start	End
Morning	7:00 a.m.	8:45 a.m.
Afternoon	3:15 p.m.	5:30 p.m.

Extended Care Costs

There are several options for paying for Zion's Extended Care

Option 1 – Pay only when used

Mornings: \$15 flat rate

Afternoons: \$18 flat rate

(billed weekly)

Option 2 - Unlimited Morning and Afternoon

\$350/month (billed monthly along with tuition)

Option 3 - Unlimited Morning

\$165 (billed monthly along with tuition)

Option 4 - Unlimited Afternoon

\$190 (billed monthly along with tuition)

PLEASE NOTE: Cost for Option 1 is a flat rate, regardless of how long the child is there; for the Unlimited Options, you may select these at the beginning of the year. Because the Unlimited Options allow prepayment of Extended Care at a discounted rate, refunds will **NOT** be given for any unused Extended Care periods.

LATE PICKUP FEES: If a child is picked up after 5:30 PM, an additional \$10 will be billed, for every 15 minutes beyond 5:30 p.m.

Unpaid Balances

Children with unpaid Extended Care balances will not be permitted to be in Extended Care until payment has been received.

Drop-off and Dismissal Procedures

Drop-off at School

Drop-off at school time is 8:45 to 9:00 a.m. Please use the **Main School Entrance**. Parents may walk their child to their classroom for the first week of School. After that, they may be dropped off at the door (the door is always manned by a staff member).

Late Drop Off

After 9:00 a.m., please use the **Main Church Entrance** (you will need to ring the buzzer) and check in at the Office. So as not to disrupt classroom instruction, a staff member will escort students who arrive late to their classrooms.

Dismissal from School

Dismissal time is 3:00 p.m. Pickup will be at the **Main School Entrance**. Students will be dismissed to their parents from the door. On **Fridays**, parents are invited to pick up students from their classrooms.

PLEASE NOTE: Students dropped off before 8:45 a.m. or picked up after 3:15 p.m. will be invoiced for Drop-In Extended Care.

Doors Locked

The main school entrance will be unlocked from 8:45 to 9:00 a.m. each morning and again from 3:00 to 3:15 p.m. each afternoon. It will remain locked at all other times throughout the day. If you need to enter the building, please use the **Main Church Entrance** and check in at the Office.

Early Pick Up

If a student needs to be picked up from school early, a note must be sent to the teacher so that they can plan their instructional day accordingly. Please park in the lot by the **Main Church Entrance** and enter through those doors, checking in at the office to get your child.

Extended Care Drop-off and Pick-up

Parents should use the **Main Church Entrance** to drop off or pick up students from Extended Care. Use the buzzer and the teacher staffing the Extended Care will unlock the door. You may proceed to the classroom to drop off or pick up your child.

Non-Parent/Guardian Pickup

If at any time, students are being picked up by anyone other than a parent/legal guardian, we **MUST** have a note from home and phone call from parent / legal guardian, giving permission to release your child. Identification will be required.

Changes in Pickup time for your Student

If it becomes necessary to change your student's departure plan on any given day, please call our office before 2:45 p.m. so we can get the message to your student and their teacher.

Parking and Traffic Safety

We ask that all parents drive slowly and with caution in the parking lot. We also ask that parents who are dropping off and picking up students please **DO NOT ATTEMPT TO PASS OR PULL IN FRONT OF THE SCHOOL BUS.**

Classroom Policies and Procedures.

Attendance

Regular attendance at school is essential. If your child is going to miss a day of school, for illness or other reasons, we ask that you call our office at **(815) 385-4488 before 9:00 a.m.** If we do not receive such a call, an attempt will be made to contact parents at home or work, before noon, to verify the absence. A day of absence prevents your child from participating in all after-school or evening school events held on that day. **Please notify the office even if you have alerted your child's teacher.**

Courtesy and Consideration

Although emergencies do arise and things such as doctor's appointments must be kept, please make every attempt to allow your child the benefit of a full day of school. Our staff needs every minute of the school day to deliver the maximum instruction to our students. Children who leave early/arrive late often disrupt the flow of instruction for the entire class.

Birthdays

It is up to the classroom teacher to establish specific rules for celebrating birthdays. **You will be informed should there be classmates with particular dietary/allergy restrictions.** Traditionally, students celebrating a birthday bring treats to school to share with members of the class.

To avoid hurt feelings, we ask that your child refrain from distributing birthday invitations at school, unless there is an invitation for each member of the class.

Discipline in the Classroom

Specific rules for classroom behavior will be set by each teacher. Teachers will notify parents if a student's behavior warrants such a notification. Teachers and the School Administrator will work together with parents as needed to resolve any situations involving a student's negative behavior.

Dress Code

Children should dress properly for the weather (coats, snow pants, boots, caps and mittens for winter weather). Hats/caps may be worn TO and FROM school, however, may not be worn in the classroom during the school day. In addition, the following are NOT allowed:

- Clothing displaying words or pictures of any drug, alcohol, tobacco products or gang colors
- Tops with spaghetti straps, no straps or open mesh fabric
- Tops/bottoms which expose the midriff
- Short shorts (above the tip of the fingers when arms are hanging at one's side)
- Flip-flops (for recess), we ask that gym shoes or sandals with a back strap be worn

Cell Phones and Electronic Games

Cell phones and electronic games/devices are NOT prohibited from being brought to school. However, they **MAY NOT BE USED** during the regular school day. These items need to remain in the students' backpacks until they leave the building or are in extended care. If these items are found outside the backpacks, they will be taken by the teacher and returned at the end of the day. (*Zion is not responsible for lost, damaged or stolen items*)

Toys from Home

Toys from home should not be brought to school except for Show-and-Tell, as indicated by the teacher. Any toys brought from home will be kept in the students' backpack during school and extended care hours.

Communication with Teachers

You may contact your child's teacher through the school phone number or their Zion email. (See the Directory information in this handbook). Teachers will establish a system for notes, updates, etc., in their respective classrooms.

Fire/Tornado Drills

Fire drills at regular intervals are required by law and are an important safety precaution. It is essential that when the first signal is given, everyone obeys orders promptly and follows prescribed routes as quickly as possible. Fire, Tornado and other emergency and safety procedures are posted where required and available in the Administrator and School Offices.

Homework

Teachers may assign work to be done with the parents at home. Please complete and return this work as assigned by your child's teacher. Work outside of the classroom is an opportunity for parents and children to work together in improving the child's skills and retention of material learned.

Illness

Fever

A fever is a warning that all is not right with the body. A child should be kept home if their temperature is 100 degrees or greater. **Do not allow the child to return to school until he/she has been fever free (without the use of medicine) for at least 24 hours.**

Cough, Colds and Sore Throat

The common cold presents the most frequent problem to parents with symptoms of cough, runny nose and sore throat. A child with a heavy cold and hacking cough belongs home in bed, even though he/she may not have a fever. A cough may be a sign of another illness, so consult your doctor if you have questions.

Vomiting and Diarrhea

Consult your doctor if your child has a stomach ache which is persistent or severe enough to limit his/her activity. If vomiting occurs, keep your child home until he/she can keep food down and is eating normally again. A child with diarrhea should be kept at home. Call your doctor if symptoms persist.

Rashes

A rash or itching may be the first sign of many common childhood ailments including chickenpox. A rash or spots may cover the entire body or appear in only one area. Do not send your child to school with a rash until your doctor has said it is safe to do so.

Covid

Zion will follow all current CDC and ISBE guidelines for confirmed Covid cases including quarantines and mask wearing.

Please let the school know if your child has been diagnosed with the following contagious diseases: **Covid, Influenza, Chickenpox, Fifth Disease, Strep Throat, any contagious rash or skin disease, or Lice/Mites.**

If a child is determined to have a temperature of 100 degrees, is vomiting, or has diarrhea - a parent / guardian will be notified to pick up the child from school.

Return to School after Illness: Students may return to school only after they have been free of fever, diarrhea, or vomiting for 24 hours.

Lost and Found

A "Lost and Found" bin is maintained in the hallway by the School Director's office. It is not unusual for students to find jackets, coats, mittens and shoes that were somehow misplaced. Items left in the Lost and Found for more than a reasonable period of time are donated. One way to prevent the loss of important items is to label with the students' name.

Lunch

Students will bring their own lunches to school. Lunch is not provided. Please avoid sugary beverages and high-sugar snacks. The food eaten at lunch provides the "fuel" for your child's afternoon learning. ***Please include UTENSILS for your child's food items or needs.***

Snacks

Snack assignments and procedures will be set by each teacher. Allergy restrictions or exclusions will be noted by teacher.

Money

If you give your child money for school, please seal it in an envelope marked with your child's name, and the purpose for which the money is being sent. Exact change is required, as neither the teachers nor the office have the ability to make change.

Parent-Teachers Conferences

Each year formal times are set aside to allow parents and teachers an opportunity to discuss student progress using a variety of measures. During the Fall conferences, every family is given the opportunity for a conference. Any time during the year a teacher/parent can request a conference if needed.

Recess/Lunch/Rest

Each day ALL students will go outdoors for recess before their lunch period. After lunch Preschool and Pre-K students will have a nap time. Kindergarten through 3rd Grade students will have a shorter "quiet time" in their classroom. During inclement weather students will have their recess period indoors. We believe students need the fresh air and exercise of being outdoors for recess whenever possible. A doctor's note is required if your child must remain indoors for more than a single day.

Singing in Church

Throughout the year, students will learn music that they will sing during the 9:00 a.m. worship service at Zion. Families are invited to join their children at these services, typically the fourth Sunday of each month (see the School Calendar below for specific dates).

Zion Parent Network (ZPN)

All parents/guardians of a Zion student(s) are automatically members of the ZPN. It is our intent to promote relations between parents and teachers so they can cooperate in the education and welfare of the students at home and in school. In addition, the ZPN contributes monies from fundraising events to be used toward purchases that create and promote better educational facilities at Zion. Most meetings are held in the evenings. Watch emails and announcements for dates and times.

NOTES

Revised June 22, 2023

2023-24 Zion Lutheran School

Thursday, August 10, 2023	Back to School Night - 5:00 pm - 7:00 pm (K/1st ONLY)
Monday, August 14, 2023	Back to School Night - 5:00 pm - 7:00 pm (All others)
Wednesday, August 16, 2023	First Day of School (Morning Care 7:00 am & Drop Off 8:45 am)
Wednesday, August 16, 2023	Blessing of the Backpacks (Chapel) - 11:00 am
Thursday, August 17, 2023	Back to School Picnic - 6:00 pm
Friday, September 1, 2023	NO SCHOOL - Teacher In-Service
Monday, September 4, 2023	NO SCHOOL - Labor Day
Thu & Fri, September 7 & 8, 2023	Mums Sale Pick-Up
Mon & Tue, September 11 & 12, 2023	Fall Class Picture Days
Friday, September 22, 2023	Royal Oak Farm Field Trip - NO SCHOOL AFTER *
Sunday, September 24, 2023	Singing in Church - 9:00 am & Ice Cream Social
Friday, October 6, 2023	NO SCHOOL - Teacher Conference
Monday, October 9, 2023	NO SCHOOL - Columbus Day
Sunday, October 29, 2023	Singing in Church - 9:00 am & Trunk-or-Treat
Wednesday, November 8, 2023	Veteran's Day Service - 11:00 am
Thu & Fri, November 9 & 10, 2023	NO SCHOOL - Parent / Teacher Conferences *
Wed - Mon, November 15 - 20, 2023	Scholastic Book Fair
Monday, November 20, 2023	Thanksgiving Feast - 11:00 am
Tue - Fri, November 21 - 24, 2023	NO SCHOOL - Thanksgiving Break
Monday, November 27, 2023	Classes Resume
Thursday, December 21, 2023	Christmas Program - 6:00 pm
December 22, 2023 - January 7, 2024	NO SCHOOL - Christmas Break
Monday, January 8, 2024	Classes Resume
Monday, January 15, 2024	NO SCHOOL - Martin Luther King Day
Mon-Fri, January 22 - 26, 2024	National Lutheran Schools Week
Friday, January 26, 2024	Glow Party Dance - 6:00 pm
Sunday, January 28, 2024	Singing in Church - 9:00 am
February 5-19, 2024	Early Enrollment
Saturday, February 10, 2024	Donuts with Dad - 9:00 am
Friday, February 16, 2024	NO SCHOOL - Teacher In-Service
Monday, February 19, 2024	NO SCHOOL - President's Day
Tuesday, February 20, 2024	Open Enrollment Begins
Sunday, February 25, 2024	Singing in Church - 9:00 am
March 25 - April 1, 2024	NO SCHOOL - Spring Break
Tuesday, April 2, 2024	Classes Resume
Mon & Tue, April 15 & 16, 2024	Spring Class Picture Days
Sunday, April 28, 2024	Singing in Church - 9:00 am
May 7-12, 2024	Scholastic Book Fair
Thursday, May 9, 2024	Mother's Day Tea Pre-K - 9:15 am
Friday, May 10, 2024	Mother's Day Tea K-3rd - 9:15 am
Thursday, May 23, 2024	Graduation: Pre-K - 5:00 pm / K-3rd - 6:00 pm
Friday, May 24, 2024	End of Year Picnic - Noon (Petersen Park)

***Variation from the District 15 Calendar**

Prepared 6/20/2023

Zion Evangelical Lutheran Church & School
4206 W. Elm Street
McHenry, Illinois 60050
(815) 385-4488



McHenry Elementary School District 15

2023-2024 Returning Student Transportation/Daycare Needs for District 15

*FORM DUE BY JULY 31ST (JULY 3RD FOR LANDMARK) OR TRANSPORTATION IS NOT
GUARANTEED THE FIRST WEEK OF SCHOOL*

*TO FINALIZE ROUTING, ALL TRANSPORTATION CHANGES WILL STOP AUGUST 6TH AND
RESUME ON AUGUST 21ST*

ALL CHANGES MAY TAKE UP TO 3 BUSINESS DAYS TO PROCESS

*Any Home Address Changes must be done in the School Office. You will need proof of
residency.*

Student Information

Busing Needs (Required):

☐ **No Busing Needed** ☐ **No Change from Prior Year** ☐ **Yes Busing Needed**

2023-2024 School: _____ 2023-2024 Grade: _____ If Kindergarten: _____
(AM or Full Day)

Today's Date: _____

Effective Date: _____

Student's Name: _____

Parent/Guardian Name: _____

Home Phone: _____

Work/Cell Phone: _____

Student's Date of Birth: _____

Student's Gender: _____

Home Address: _____

Daycare Information

Please fill out a New Daycare. If daycare is the same as last year, write "Same".

Fill out only if you need busing for Daycare within the student's school boundary.

**FORM DUE BY JULY 31ST (JULY 3RD FOR LANDMARK) OR TRANSPORTATION IS NOT
GUARANTEED THE FIRST WEEK OF SCHOOL**

Daycare Provider's Name: _____

Daycare Phone: _____

Daycare Address: _____

Please mark one that applies: ☐ Pick Up ☐ Drop Off ☐ Pickup & Drop Off

Notes for Transportation: _____

For questions please contact troffice@d15.org or call 779-244-1090.

After June 1, 2023, Please contact the Transportation Office directly with any daycare changes.

Due to safety reasons a student's pickup and drop off stop must be the same five days a week within the student's school boundary.

By typing your name in the box below you are agreeing that all the information is correct and up to date.

Parent/Guardian Signature: _____

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Prepared 6/20/23	