

Dear Parents,

Thank you for choosing St. John Lutheran School. I am here to serve you and your children academically, spiritually, emotionally, physically, and socially.

If you are returning parents, then thank you for trusting us once again with your children. If you are new parents, then we welcome you. Rebecca Renken, Admissions Counselor, and I hope your transition goes well into St. John Lutheran School.

Attached is all the information you will need to register your children. Please note that we have tuition assistance for any families. I do not want money to be a reason for parents not sending their children to St. John. Please let me know if I may help.

St. John Lutheran School is part of the Wisconsin School Choice Program. If you qualify, then your tuition is paid in full by a state voucher. See the link below for Frequently Asked Questions:

https://dpi.wi.gov/sites/default/files/imce/parental-education-options/Choice/Student_Application_Webpage/Final_PSCP_FAQ_for_Parents_-_2023-24.pdf

Follow the link below to apply:

[Private School Choice Programs: Student Applications \(Information for Parents & Schools\) | Wisconsin Department of Public Instruction](#)

Registration for the Wisconsin School Choice Program begins February 5th, 2024, and ends April 30th, 2024.

Rebecca Renken would be happy to answer any questions regarding programming and scheduling at St. John.

Refer any questions regarding the application process, tuition assistance, and curriculum to me. St. John Lutheran School, is the priority mission of St. John Lutheran Church to the Town of Easton and beyond.

Let me know if you have any questions.

In His service,



Andrew Hulke, Principal

Call 715-842-5212 or email Principal Hulke at andrew.hulke@stjohnofwausau.org

TUITION AND FEES 2024-2025

ST JOHN LUTHERAN SCHOOL
 164923 Co Hwy Z
 WAUSAU, WI 54403
 715-842-5212
www.stjohnofwausau.org

5K-8 TUITION INFORMATION:

| | Members of St. John Lutheran | Sister Congregations LCMS | Non-Members |
|--------------|---------------------------------|------------------------------|-----------------|
| First Child | \$2,175.00 | \$2,750.00 | \$3,325.00 |
| Second Child | \$1,875.00 | \$2,450.00 | \$3,025.00 |
| Third Child | \$1,625.00 | \$2,200.00 | \$2,775.00 |
| Fourth Child | No Tuition Cost | No Tuition Cost | No Tuition Cost |

3K- 4K TUITION INFORMATION:

| | |
|-------------------|-----------|
| Half Day Sessions | \$525.00 |
| Full Day Sessions | \$1105.00 |

If you register for 3 half days cost will be 3 times the half day session cost. If you register for 2 half days cost will be 2 times the half day cost. The same is true of full days, the number of days you register for times the full day price.

EXTENDED CARE:

Available for children registered in St. John School, from 7:15 AM until 4:00 PM unless interest to expand to 5:00 PM outside school scheduled times. If school is canceled due to the weather Extended Care is also canceled. Cost is \$10.00 per hour-billed on the hour. Due to lack of classroom space, we will not be able to offer before or after school care for D C Everest students.

WAYS TO SAVE:

- ✓ **\$500 Kindergarten Tuition Scholarship:** for all students entering Kindergarten, contact Principal for more information.
- ✓ **Scholarships or Jesus Lambs Applications:** Contact Principal for more information.
- ✓ **Prepay Discount:** 5% discount if paid in full by Aug.15, 2024
- ✓ **Apply for School Choice:** Enrollment in this program needs to be completed between Feb.5th, 2024 and April 30th, 2024 on the DPI web site. If you need help with this process, contact the Principal.

The Ministry of St. John Lutheran School is supported through the mission offerings of St. John Lutheran Church, tuition, and third source funding. The actual cost per year to educate a child at St. John Lutheran School is \$8,500 (Professional and Support Staff, Educational Expenses, and Curriculum).

Our Purpose is to provide a Christian education for children of the congregation and the community.

3K- 4K REGISTRATION FORM

2024-2025

3K 4K

PLEASE CIRCLE GRADE

ST JOHN LUTHERAN
SCHOOL
164923 Co Hwy Z
WAUSAU, WI 54403
715-842-5212
www.stjohnofwausau.o

3K-4K Enrollment Directions:

- ✓ Select the program offering, complete, and submit to the school secretary.
- ✓ Use the back to explain any special scheduling circumstance you need for your child.
- ✓ An original copy of the child's Birth Certificate must be presented for verification upon returning registration form. If Birth Certificate is unavailable a copy of Immunization Record from the Physician will be accepted.
- ✓ Emergency Contact information Form

FAMILY INFORMATION

CHILD'S NAME _____ M/F _____ BIRTH DATE _____

ADDRESS _____ CITY _____ ZIP CODE _____

E-MAIL ADDRESS _____ PUBLIC SCHOOL DISTRICT _____

FATHER'S NAME _____ PHONE _____ MOTHER'S NAME _____ PHONE _____

CHURCH MEMBERSHIP

Mark Days Requested to attend half day classes: (AM classes from 8:00-11:00 and PM classes from 12:00-2:45)

| | | | | |
|---------|----------|---------|-----------|---------|
| Mon. AM | Tues. AM | Wed. AM | Thurs. AM | Fri. AM |
| Mon. PM | Tues. PM | Wed. PM | Thurs. PM | Fri. PM |

Mark Days Requested to attend full day classes: (A classes from 8:00-2:45-students need to order hot or provide cold lunch)

| | | | | |
|------|-------|------|--------|------|
| Mon. | Tues. | Wed. | Thurs. | Fri. |
|------|-------|------|--------|------|

DATE OF BIRTH VERRIFICATION: _____ Date and Initial by school personal

WPCP (Application period is February 5th – April 30th, 2024)

_____ WE WILL BE APPLYING FOR THE WISCONSIN PARENTAL CHOICE 4K PROGRAM

MEDIA / FIELD TRIP PERMISSION

_____ PERMISSION TO ATTEND CLASS FIELD TRIPS _____ PERMISSION TO USE PICTURES IN MEDIA

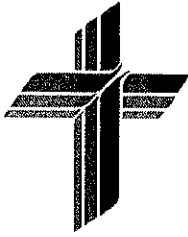
PLEASE SUBMIT THESE FORMS ALSO:

_____ ACKNOWLEDGEMENT OF POLICIES and PROCEDURES _____ EMERGENCY CONTACT INFORMATION

PARENT SIGNATURE/ DATE _____

A signed copy of this enrollment form confirms your child's registration in St. John School/Preschool

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St. John Lutheran School
 164923 County Road Z
 Wausau, WI 54403
 www.stjohnofwausau.org



Rev. John Stransky
 Mrs. Mary Jo Prah, Administrator
 Ph. 715-842-5212

Permission to Administer Medication Form

St. John policy states that ALL prescription medication dispensed at school, including students who carry and self-administer inhalers and Epi-pens, have written instructions signed by the physician and the parent/guardian. *Non-prescription or over-the-counter medications require written instructions from the parent/guardian.*

Name of student: _____ Date of Birth: _____
 Address: _____ Phone: _____
 School: _____ Grade: _____
 Medical diagnosis(es): _____

MEDICATION INSTRUCTIONS

| Medication | Dosage | Frequency | Times given at home | Times given at school |
|------------|--------|-----------|---------------------|-----------------------|
| | | | | |
| | | | | |

Medication order effective from: _____ until: _____

Emergency Medication Administration Section: Check all boxes that apply.

Student has demonstrated correct use of his/her medication

Inhaler for asthma –

- Student may self-carry and self administer the medication Yes No

Epi-pen for anaphylactic life threatening reactions –

- Student may self-carry and self-administer the medication. Yes No

I have instructed my child to notify a staff member if they use any of the listed emergency medications at school. I understand that my child will be transported to the nearest emergency room for care by an ambulance; and my child is responsible to take the emergency medications they self carry on field trips.

Parent's Directions: _____

PHYSICIAN-PARENT CONSENT

Physician's signature authorizes staff to give the listed medication to my child. I hereby give permission to the staff designated by school principal to give the above medication to my child according to the instructions stated above and authorize them to contact my child's physician if necessary. A new form is needed when there are changes in the dose of medication or if the medication is discontinued. Consent is valid for one school year.

Physician's name, address, phone

guardian signature

 Physician's signature/date

 Date

Parent/

ST. JOHN LUTHERAN SCHOOL

EMERGENCY FORM

Child's Name: _____ Grade: _____

Home Phone: _____

Father's Name: _____

Business Phone: _____

Cell Phone: _____

Mother's Name: _____

Business Phone: _____

Cell Phone: _____

**In case of an emergency and we cannot contact you, whom can we
contact?**

(If you wish to give more names, please use the back side of this sheet.)

1. Name: _____

Phone: _____

Relationship to child: _____

2. Name: _____

Phone: _____

Relationship to child: _____

We would also like the name and phone number of your child's doctor.

Doctor's Name: _____ Phone: _____

Current Immunization Records
or signed waiver
are required by the beginning of every school year.
Call the Marathon County Health Department @
715-261-1900 or call your doctor for a copy

The back page of the St. John Lutheran School Parent Handbook needs to be signed and returned to school.

The handbook is available to read on our website
www.stjohnofwausau.org, click on "Our School"

Papers copies are also available from
the school office

St. John School is pleased to announce the introduction of an electronic option for making your tuition payments. Tuition can now be debited automatically from your checking or savings account. Our new electronic payment program offers convenience for you and provides much needed tuition consistency for our school. There is no cost for you to participate.

In order to participate in the electronic option for tuition payments:

Fill out the attached authorization form and return it to _____ if you would like to set up automatic electronic payments.

If you would like more information on the electronic option for making tuition payments, please fill out and return to _____

Name: _____

Email address or mailing address:

Phone number: _____

If you have a specific question, please list below:

AUTHORIZATION FORM

School/Organization Name: St. John Lutheran School

| FOR OFFICE USE ONLY | STUDENT # | DATE |
|---|--|---|
| Effective date of authorization: ____/____/____ Name of student: _____ | | |
| Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation | | |
| Last Name | | First Name |
| Address | | |
| City | | State Zip |
| Email | | |
| Tuition Payment Plan (please check one): | | |
| <input type="checkbox"/> 9 Month Plan (Aug through April) <input type="checkbox"/> 4 Month Plan (Sep, Nov, Feb, April) <input type="checkbox"/> 2 Month Plan (October & February) | | |
| Date of first payment: ____/____/____ (mm/dd/yy) | | Amount of first payment: \$ _____ |
| Date of last payment (optional): ____/____/____ | | Amount of ongoing payment: \$ _____ |
| | | Amount of last payment (optional): \$ _____ |
| CHECKING / SAVINGS | Please debit payments from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | |
| | Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ ⑆ ⑆ 23156789⑆ 123 123156⑆ 0001 └──────────┘ └──────────┘ └──────────┘ Routing Number Account Number Check Number | |
| I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | | |
| Authorized Signature: _____ Date: _____ | | |

If using a checking account, please attach a voided check at the bottom of this page.

THIS PAGE NEEDS TO BE RETURNED TO SCHOOL

**I have received the St. John Lutheran handbook and
acknowledge their policies and procedures.**

_____ **Family**

_____ **Parent Signature**

_____ **Date**