

# Bethesda Lutheran School and ELC

1537 Baltimore Avenue Hot Springs, SD 57747 Office: 605-745-4834 School: 605-745-6676  
Email: [bethesda@gwtc.net](mailto:bethesda@gwtc.net) Website: bethesdahssd.org Fax: 605-745-6676

## Application Process

2022-23

Form 1

Thank you for your interest in Bethesda Lutheran School and Early Learning Center. It is our goal that through this application and enrollment process you will get to know and become familiar with our School and ELC. Our purpose is to partner with families to share the Gospel and love of Jesus while providing an excellent Christ-centered education.

### NEW STUDENT APPLICATION PROCEDURES

1. Fill out and submit Forms 1 – 4.
  - Form 1 New Student Application and Questionnaire
  - Form 2 Student Information Sheet (**new students** attach copy of birth certificate and current immunization record)
  - Form 3 Tuition & Fees Plan and/or Summer Care Contract Form
  - Form 4 Transportation Plan and Emergency Form
2. Call to schedule a tour to familiarize yourself with our campus and programs. Prospective parents and students are welcome to sit in on lessons if they wish.
3. Set up a time for a parent/student consultation with the school Administrator/staff.
4. Acceptance or non-acceptance will be determined by the school Administrator. Students accepted for admission to Bethesda Lutheran School and ELC will receive notice by phone, email, or letter. Once notified of acceptance parents will have two weeks to state if they accept enrollment at BLC & ELC. If we have not heard by the stated deadline, the space will be released to the next applicant on the waiting list.

**Non-discrimination Policy:** *Bethesda Lutheran School admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions, and other school-administered programs.*

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Use back of this sheet for further explanation:

Academic Strengths and Interests:

Academic Challenges to this Point:

Any special health concerns you feel the school should be aware of?

Has child ever been evaluated for:

\_\_\_ Learning Difficulties \_\_\_ Hearing/vision Problems \_\_\_ Speech Problems \_\_\_ Behavioral Problems

**I hereby certify the information on this application is accurate and complete. I understand that inaccurate or incomplete information may result in non-acceptance or dismissal from school.**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## New & Returning Students Information 2022-23 Form 2

\*\*Returning Students—Only update information sections below that have changed.

Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: M F US Citizen: Y N  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Baptism Date: \_\_\_\_\_ Home Church: \_\_\_\_\_  
Resident of School District: \_\_\_\_\_  
Parents' Marital Status: Married living together \_\_\_ Married living apart \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
If divorced, who has legal custody of the student? Father \_\_\_ Mother \_\_\_ Joint \_\_\_  
Who does the student live with? Father \_\_\_ Mother \_\_\_ Joint \_\_\_

### FATHER/GUARDIAN

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Bethesda Lutheran Church Member? Yes \_\_\_ No \_\_\_ Member of Another Church? Yes \_\_\_ No \_\_\_  
If yes, please name the church \_\_\_\_\_

### MOTHER/GUARDIAN

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Bethesda Lutheran Church Member? Yes \_\_\_ No \_\_\_ Member of Another Church? Yes \_\_\_ No \_\_\_  
If yes, please name the church \_\_\_\_\_

### STEPFATHER

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

### STEPMOTHER

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

### LAST SCHOOL ATTENDED

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### SIBLINGS

Name & Current Grade

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

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## Tuition & Fees 2022-23 Form 3

### FINANCIAL OBLIGATIONS

Tuition is due monthly in advance, for the time period of the 15<sup>th</sup> through the 14<sup>th</sup> of each monthly cycle. Alternately, parents may pay by the year and receive a 2% discount. Members of Bethesda Lutheran Church receive a discount on Tuition only. Financial aid is available through South Dakota Partners in Education or through the Bethesda Lutheran Church School Board.

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### REGISTRATION

Please check the following fees that apply for your child.

**These fees are non-refundable and due at the time of registration.**

### **REGISTRATION FEES INCLUDE APPLICATION FEE AND MATERIALS FEE (a textbook and consumable supply fee due at time of registration)**

- \_\_\_\_\_ \$75 Preschool (Three and Four Year Old Students)
- \_\_\_\_\_ \$75 Pre-K (Four and Five Year Old Students)
- \_\_\_\_\_ \$125 Grades K – 3
- \_\_\_\_\_ \$45 Child Care only (After school or Friday only)
- \_\_\_\_\_ **\$25 discount for Early Registration (Before April 15)**

### TUITION RATES

#### **EARLY CHILDHOOD STUDENTS**

Preschool and Pre-Kindergarten (M – TH, 3 through 5 year olds) 8 am-12 noon	\$255/month
Preschool Plus Child Care (M – TH, 3 through 5 year olds) 7:15 am – 5:30 pm	\$590/month
Child Care Fridays (3 through 8 year olds) 7:15 am – 5:30 pm	\$130/month
After-school Child Care (through 3 <sup>rd</sup> grade) 3:45 – 5:30 pm	\$130/month
Hourly (drop-in) Child Care (must be registered--subject to availability)	\$4/hour
<b>Bethesda Lutheran Church members in good standing (Preschool only)</b>	<b>\$195/month</b>
<b>Bethesda Lutheran Church members in good standing (Preschool plus childcare)</b>	<b>\$530/month</b>

#### **GRADES K – 3 STUDENTS**

Community (Bethesda Lutheran Church non-members)	\$385/month
<b>Bethesda Lutheran Church members in good standing</b>	<b>\$225/month</b>

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## Transportation & Emergency 2022-23 Form 4

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date \_\_\_\_\_

### **After School Routine (List names of all individuals authorized to pick up your child)**

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is there any additional information that you would like to share about your child? (If yes, please use the back of this form)**

### **EMERGENCY MEDICAL AUTHORIZATION**

I hereby give permission for emergency medical treatment for (name of child) \_\_\_\_\_  
if requested by BLS & ELC, who are our providers of child care.  
Please note that my child is allergic to the following medications:

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**It is also important to note that my child has the following special medical conditions:**

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**Are there medications which your child will have to be given at school? If so, he will need a medication authorization filled out and given to the office to be kept in his permanent file.**

Medication(s) \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alternative Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_ Phone# \_\_\_\_\_

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I affirm that I have reviewed the Bethesda Lutheran School Handbook (on website) and agree to comply with all policies and conditions stated within.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for publishing my child's image in a photograph of an activity on the school's website, in the local newspaper and/or school brochure, or on social media.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_