

Transportation for your child can be arranged through Prairie Hills Transit. A bus will pick your child up at Bethesda immediately after school and transport him or her either to the Hot Springs Public School bussing area to join a sibling on the ride home, or to the Boys and Girls Club for the remainder of the afternoon to wait for parental transportation. Ask for Information at the office.

Child's Academic Strengths and Other 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 ____ Behavior Problems

I affirm that I have reviewed the Bethesda Lutheran School Handbook or the ELC Handbook, and I 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. YES NO

Parent/Guardian Signature: _____ Date _____

BETHESDA LUTHERAN SCHOOL AND ELC

NEW & RETURNING STUDENT INFORMATION FORM 2 2023-2024

1537 Baltimore Avenue Hot Springs, SD 57747 Office: 605-745-4834 School: 605-745-6676
Email: bethesda@gwtc.net Website: bethesdalutherschool.org Fax: 605-745-6676

****Returning Students—All information which has changed must be updated by parents.**

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 estranged, who has legal custody of the student? Father ___ Mother ___ Joint ___
(please include any custodial issues, parenting plan, and/or after-school pickup instructions on back)

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. _____ |

BETHESDA LUTHERAN SCHOOL AND ELC

TUITION & FEES

FORM 3

2023-2024

1537 Baltimore Avenue Hot Springs, SD 57747 Office: 605-745-4834 School: 605-745-6676
Email: bethesda@gwtc.net Website: bethesdalutherschool.org Fax: 605-745-6676

FINANCIAL OBLIGATIONS

Tuition is due monthly in advance, for the time period of the 16th through the 15th of each monthly cycle. Alternately, parents may pay by the year and receive a 2% discount. Members of Bethesda Lutheran Church receive a member's discount on Tuition only. Financial aid is available through South Dakota Partners in Education or through the Bethesda Lutheran Church School Board.

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 M – TH, 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 years old) 8 am-12 noon	\$255/month
Preschool Plus Child Care (M – TH, 3 through 5 years old) 7:15 am – 5:30 pm	\$590/month
Child Care Fridays (3 through 8 years old) 7:15 am – 5:30 pm	\$130/month
After-school Child Care (K through 3 rd grade) 3:45 – 5:30 pm	\$130/month
Hourly (drop-in) Child Care (child must be registered--subject to availability)	\$4/hour

GRADES K – 3 STUDENTS

Community (Bethesda Lutheran Church non-members)	\$385/month
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Bethesda Church Member rates

Bethesda Lutheran Church members in good standing (Preschool only)	\$195/month
Bethesda Lutheran Church members in good standing (Preschool plus childcare)	\$530/month
Bethesda Lutheran Church members in good standing (K – 4)	\$225/month

BETHESDA LUTHERAN SCHOOL AND ELC

TRANSPORTATION & EMERGENCY

FORM 4

2023-2024

1537 Baltimore Avenue Hot Springs, SD 57747 Office: 605-745-4834 School: 605-745-6676
Email: bethesda@gwtc.net Website: bethesdalutherschool.org Fax: 605-745-6676

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:

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

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# _____

Plan of Treatment to be used in case of allergic reaction to food or other allergens:
