



# E n r o l l m e n t   &   F i n a n c i a l   A g r e e m e n t

By enrolling my child, I am agreeing to the following:

1. Support the faculty and staff of the school, as we partner together to grow my child.
2. Give my child permission to attend all field trips, extra-curricular activities, and athletic events.
3. Allow my child's picture to be published by the school in any form of media.
4. Have my name, phone number, and address published in the annual school directory.
5. Pay tuition on the date that it is due according to the following arrangement.
6. Pay before and after school care, wish care, and piano bills in accordance with school policy.

Registration Paid Date: \_\_\_\_\_

Check/Cash # \_\_\_\_\_

*Partial Year Enrollment Dates - Prorated*  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Please check box if military or early enrollment discount given

Materials Fee: \_\_\_\_\_

Total annual tuition amount: \$ \_\_\_\_\_

Please check box if paying for the whole year by August 1, 2026 and receiving a 3% discount.

Tuition rate of: \$ \_\_\_\_\_ per month for \_\_\_\_\_ months      First payment month: \_\_\_\_\_      Final payment month: \_\_\_\_\_

Payments are due on the first of the month and are considered late after the 5<sup>th</sup> of the month. A fee of \$25 may be applied to accounts after the 5<sup>th</sup> of each month. A student's enrollment may be suspended if an account is delinquent after the 20<sup>th</sup> of the month.

This enrollment agreement is a financial contract. Any request to alter the payment schedule or tuition due must be made in writing to the Lakewood Lutheran Board of Education. This request may be approved or denied.

Signature: \_\_\_\_\_ SSN# \_\_\_\_\_ Date: \_\_\_\_\_

Billing name and address: \_\_\_\_\_  
\_\_\_\_\_

## M e d i c a l   I n f o r m a t i o n

I hereby authorize Lakewood Lutheran School, as our agent, to execute appropriate consent documents and/or give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington for our children on this application form when such treatment is deemed necessary.

Such consent shall include but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-ray examinations, transfusions, injections of drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his or her discretion in authorizing the disposal of any severed tissue or members.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, to provide the agent and my child's attending physician the authority to exercise, in their best judgment, what they deem necessary.

Student's name: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Last tetanus: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical diseases: \_\_\_\_\_ Previous surgeries: \_\_\_\_\_

Special education needs: \_\_\_\_\_

Emotional or psychological needs (past or present): \_\_\_\_\_

Drug allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy holder: \_\_\_\_\_ Policy number: \_\_\_\_\_

I understand that I am financially responsible for the medical care for the above-named child. I further agree to pay all collection fees, collection costs, court costs, and attorney fees if legal action shall be instituted to collect all or any portion of the hospital's charges for medical care and services provided to the patient.

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Lakewood Lutheran School – Application Form

10202 – 112<sup>th</sup> St. SW, Lakewood, WA 98498      School: (253) 584-6024      Church: (253) 584-4615

Updated January 2026