

Thank you for your interest in Lamb of God Lutheran Church & School! Attached is the enrollment packet for MDO 2017 Summer Session. Before you meet with your Director to review the enrollment packet, please make sure you have completed the following:

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- **Registration Form:** *Please complete and sign.* Also, please be sure to include as many working phone numbers as possible (In the event of any emergency, we need to make sure we can get in touch with you). Important—since we communicate frequently via email, please be sure to give us several email addresses which you can check from both home and work.
- **Developmental Profile/Daily Infant Profile:** *Please complete and sign.* Please include as many details as possible, as this gives our teachers insight into how to best meet the needs of your child.
- **Treatment for Minors Consent Form:** This form is needed in case of emergency and must be filled out completely. If you have insurance, please make sure to complete all of the insurance portion. If you do not have insurance, please write “none” in the insurance box.
- **General Permission and Release Form:** Please indicate your preferences for each section. The bottom portion must be *notarized*. We have three notaries on campus who will be happy to assist you with this.
- **Medical Information Form:** You may have a doctor/physician complete this form, OR you can complete the bottom portion to ensure that your child has been examined by a licensed physician in the past year.
- **EFT Enrollment Form:** *Please complete and sign the bottom.* You may choose from checking, savings or credit card; however, you must enroll in our EFT program.
- **Tuition Form:** Please make sure you read completely and *sign at the bottom.*
- **Registration Fee:** You may pay the registration fee by check or we can draft it from your EFT account. Registration fees are due in advance, before your child starts school.
- **Immunization Records:** *We must have a current copy of your child’s immunization records.* You may attach a copy with your enrollment packet, or have a copy faxed to us at (281) 446-0289. We must receive immunization records before your child starts school, as required by the state of Texas.
- **Hearing/Vision Screening:** If your child is 4 years or older, we must have a current copy of your child’s hearing/vision screening on file. You may attach a copy with your enrollment packet, or have a copy faxed to us at (281) 446-0289.
- **Parent/Student Handbook with acknowledgement form:** You will receive the Handbook upon enrollment, *please sign the acknowledgment form* at that time.
- **MDO Summer Calendar:** You will receive the calendar upon enrollment.

*Once you have ensured that your enrollment packet is complete and all supporting documentation has been obtained, this information MUST be returned to a director of the school. It is highly recommended you make an appointment for this purpose. Your child’s spot is only reserved once all paperwork is complete and the registration fee is paid and accepted. You will receive notification once your child has been accepted.*

# Lamb of God Lutheran Church & School

## Registration Form for MDO 2017 Summer Session

June 12<sup>th</sup> – August 4<sup>th</sup>

- |   |                      |   |
|---|----------------------|---|
| <input type="checkbox"/> 2 Day Program Tues./Thurs. | \$30.00 Registration | June: \$130.00; July: \$175.00; August: \$45.00 |
| <input type="checkbox"/> 3 Day Program MWF          | \$50.00 Registration | June: \$160.00; July: \$215.00; August: \$55.00 |
| <input type="checkbox"/> 5 Day Program M-F          | \$80.00 Registration | June: \$295.00; July: \$390.00; August: \$95.00 |

Child's Last Name: _____		First Name: _____		Gender: M/F
Date of Birth: _____	Custodial Parent: _____		Financial Responsibility: _____	
Church Home: _____			Child Baptized? Yes or No	
How did you hear about LOGLS? _____				

Father's Name: _____		E-Mail: _____		
Address: _____		Home Phone: (____) _____		
City: _____	Zip: _____	Cell Phone (____) _____		
Father's Employer: _____		Work Phone (____) _____		

Mother's Name: _____		E-Mail: _____		
Address: _____		Home Phone: (____) _____		
City: _____	Zip: _____	Cell Phone (____) _____		
Mother's Employer: _____		Work Phone (____) _____		

I hereby authorize my child to leave LOGLS only with the following persons other than parents:

Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____

Due to custodial or other reasons, the following persons are never allowed to pick up my child:

Name: _____	Relationship: _____
Name: _____	Relationship: _____

I designate the following person to be contacted in the event of an emergency if I cannot be reached (other than parent):

_____	_____	_____
Name	Telephone	Relationship

_____ <b>Parent's Signature</b>	_____ <b>Date</b>
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## **ABOUT YOUR CHILD**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Does your child sleep through the night? \_\_\_\_\_

What times does your child go to bed at night? \_\_\_\_\_ Get up in the morning? \_\_\_\_\_

Does your child nap? \_\_\_\_\_ How long does your child nap normally? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Describe your child's appetite: \_\_\_\_\_

Child's favorite foods are: \_\_\_\_\_ Foods your child dislikes: \_\_\_\_\_

How many hours of TV does your child watch? \_\_\_\_\_ Favorite shows: \_\_\_\_\_

Do you read to your child regularly? \_\_\_\_\_ Child's favorite play activities: \_\_\_\_\_

Please list past child-care arrangements/school attended: \_\_\_\_\_

Why did you choose our center? \_\_\_\_\_

## **DEVELOPMENTAL HISTORY**

Was child carried full term? \_\_\_\_\_ Premature? \_\_\_\_\_

Were there any complications at birth? \_\_\_\_\_

Has your child ever had any diagnostic testing or been diagnosed with a behavior or learning difficulty or developmental delay? Please describe.

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## **FAMILY HISTORY**

Do both parents live in child's home? \_\_\_\_\_ If not, with whom does child live? \_\_\_\_\_

If there are other adults in the home, give relationship to the child \_\_\_\_\_

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Has your child been involved in a group setting before such as Sunday School, playgroups or other programs? \_\_\_\_\_

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Child's Brother/Sister's Names & Ages (living with Child): \_\_\_\_\_

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### **Please circle response:**

yes/no There has been a divorce in our family. My child has contact with the non-custodial parent \_\_\_\_\_ times a month.

yes/no There are restrictions with the non-custodial parent of which the school should be aware of. Please explain: \_\_\_\_\_

yes/no We have moved since our child has born. List places: \_\_\_\_\_

yes/no We would be willing to share our hobby/talent with the class. List hobbies talents: \_\_\_\_\_

yes/no Our family speaks another language: \_\_\_\_\_

In an effort to help us better understand your child, please complete the following by describing your child's behaviors spiritually, emotionally, socially, physically, and intellectually.

**Spiritually** – (attends Sunday School, prays before meals, traditions and or holidays unique or special to your family, etc.) \_\_\_\_\_

\_\_\_\_\_

**Socially** – (shares, aggressive around others, likes small groups, first time in a group, etc.)

\_\_\_\_\_

**Emotionally** – (displays separation anxiety, shy, acclimates easily to new surroundings, etc., still uses a pacifier or special blanket at nap time, uses words to express feelings, etc.)

\_\_\_\_\_

**Physically** – (premature birth, never crawled, walked early, on target, prefers crawling to walking, hops and skips, plays t-ball, etc.) \_\_\_\_\_

\_\_\_\_\_

**Intellectually** – (says two word phrases, points to pictures in books, has an extensive vocabulary for his/her age, asks questions, understands another's point of view, listens intently for five minutes, etc.)

\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing profile

\_\_\_\_\_  
Date

## Medical Information Required 2017 Summer

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

**A CHILD WHO APPEARS ILL UPON ARRIVAL WILL NOT BE ADMITTED TO CLASS!**

**NOTE:** The parent should authorize the physician (at the time of registration) to accept a call from Lamb of God Lutheran Church & School's staff for emergency medical care.

### ADMISSION REQUIREMENT

***One of the following*** must be presented when your child is admitted to the program. Check to indicate the option you select:

\_\_\_\_\_ Signed Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the program.

\_\_\_\_\_  
Physician's Written Name

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**OR**

\_\_\_\_\_ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the program.

\_\_\_\_\_  
Name, complete address and phone number of physician

\_\_\_\_\_  
Signature – Parent of Legal Guardian

\_\_\_\_\_  
Date

\* CURRENT IMMUNIZATION RECORD MUST BE ATTACHED OR FAXED TO (281) 446-0289.

\*YOU MUST PROVIDE PROOF OF HEARING/VISION SCREENING FOR CHILDREN AGE 4 AND UP.

# TREATMENT FOR MINORS CONSENT FORM

## 2017 Summer

Memorial Hermann Northeast Hospital or other: \_\_\_\_\_ . Please accept this letter as authority to treat my child, in case of emergency, whose name is listed below:

CHILD (Full Name)

BIRTHDATE

\_\_\_\_\_

Allergies: Medication \_\_\_\_\_

(n/a if none) Food \_\_\_\_\_

Environmental/Other \_\_\_\_\_

Regularly Administered Medications: \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Located at \_\_\_\_\_.

If you are unable to contact him/her, please accept this letter as your authorization to use the doctor on call in the emergency room for any necessary medical treatment.

I/We being the parent(s) or legal guardian(s) of the above named minor do hereby appoint the following individual(s) to act in my/our behalf in authorizing medical, dental, surgical care, and hospitalization for the above named minor in the event I cannot be reached.

Name & Relationship to Child	Address	Phone

**Insurance Co:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Benefit Verification Phone #** (\_\_\_\_) \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**General Permission & Release:**

**WATER PLAY**

I hereby give my consent for \_\_\_\_\_ (child’s name) to participate in the following water activities: (Please initial each activity you give consent for)

\_\_\_Water Table/Sprinklers \_\_\_Wading Pools \_\_\_Splashing Pools \_\_\_Swimming Pool

**PHOTOGRAPHIC RELEASE**

I give my permission to Lamb of God Lutheran Church & School to photograph/videotape my son/daughter \_\_\_\_\_, and use the resulting photographs/videotape for any lawful activities for the purpose of promoting Lamb of God Lutheran School to the public (including but not limited to Facebook and our school website). I relinquish all rights, title and interest in the finished photographs, negatives, and videotape film.

Initial - \_\_\_yes \_\_\_no OR Classroom use only \_\_\_yes \_\_\_no

**SCHOOL DIRECTORY/CHURCH MAILING LIST RELEASE**

I give my permission to Lamb of God Lutheran Church & School to include my family and child in the school directory which will only be distributed to enrolled students.

Initial - \_\_\_yes \_\_\_no. I also give permission to add my family to the church mailing/email list for release of church information only. Initial - \_\_\_yes \_\_\_no.

**MEALS/SNACKS**

\*I understand that the following meals will be served to my child while in care:

\_\_\_AM Snack \_\_\_Lunch

If I choose to send a snack or lunch for my child, Lamb of God is not responsible for my child’s nutritional needs for that meal or snack. Any snack or food sent from home for your child should be nutritious.

\_\_\_ - Initial

**MEDICINE RELEASE**

The following medications are available at the facility to use if needed. Please initial only the following items that you authorize to be used on your child.

\_\_\_Sting Relief Medication \_\_\_Benadryl Cream \_\_\_Sunscreen  
\_\_\_Pain Reliever (\_\_\_dosage) \_\_\_Insect Repellent \_\_\_Bactine  
\_\_\_Children’s Motrin (\_\_\_dosage) \_\_\_First Aid Cream \_\_\_Burn Gel  
\_\_\_Children’s Allergy Relief (\_\_\_dosage) \_\_\_Diaper Rash Cream \_\_\_Baby Powder

**FIELD TRIP/TRANSPORTATION RELEASE**

I hereby give consent for my child to attend any field trips which occur during the year

Initial-\_\_\_yes \_\_\_no. Further, I also give permission for LOGLS to provide transportation for my child on field trips. Initial-\_\_\_yes \_\_\_no

**MEDICAL (\*\*This must be notarized.\*\*)**

In the event that I or my spouse cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to secure medical help for my child.

Parent Signature:\_\_\_\_\_.

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_20\_\_\_\_\_.

Notary Public Signature:\_\_\_\_\_

**LAMB OF GOD LUTHERAN CHURCH & SCHOOL**  
**Mother's Day Out Program**  
**EZ-EFT ENROLLMENT FORM & TUITION AGREEMENT**

*By signing this form you authorize us to draft your child's monthly tuition amount in advance of services for the upcoming month as well as any other fees incurred.*

**NAME OF CHILD:** \_\_\_\_\_

**Account Holder Information:**

(Note: the information listed below must match the information on the account)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Choose One:**

**Checking Account Transfer** (Please attach voided check)

**Savings Account Transfer**

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Credit Card** (Mastercard or Visa) (Please attach a copy of your card)

Please Note: a 3% service fee will be added to your weekly draft

Visa Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

MasterCard Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**Authorization:**

I hereby authorize \_\_\_\_\_ to make payment on my behalf from the checking, savings or credit  
Name of financial institution  
account listed, and transfer it to **Lamb of God Lutheran Church and School**.

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Paperwork Entered \_\_\_\_\_ EFT Entered \_\_\_\_\_ Door Code \_\_\_\_\_





# Lamb of God Lutheran Church & School

1400 FM 1960 East Bypass

Humble, TX 77338

281-446-LAMB

Connecting Our Children to Christ

## Tuition Agreement

Child's Name (Please Print): \_\_\_\_\_ Start Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_  Paid OR  Draft \_\_\_\_\_

Class Assignment: \_\_\_\_\_ Tuition: \_\_\_\_\_

Tuition Discounts: Member 10% \_\_\_\_\_

Sibling 5% \_\_\_\_\_

Full Payment 5% \_\_\_\_\_

Clergy/Educator/Police/Firefighter/EMT/Military 5% \_\_\_\_\_

Tuition Fees: Credit Card fee + 3% \_\_\_\_\_

MONTHLY DRAFT: \_\_\_\_\_

### Registration/Tuition Rates and Policies

The **non-refundable** registration fee must be submitted in full with the application in order to hold a spot in a class. Tuition includes a morning snack and lunch. If your child requires baby food, formula or a specialized diet, you will need to provide this.

Tuition payments are the same regardless of illness, family vacations, or school holidays. A 5% discount will apply for tuition paid in full at the beginning of the session. A 5% discount will be applied for each additional sibling, discount relates to the lowest tuition amount. A 10% discount will be applied to all Lamb of God Church members (in good standing). Members of the armed services, peace officers, fire-fighters, EMT's and educators receive a 5% discount. All tuition payments must be remitted via EZ-EFT electronic bill payment monthly in advance of services rendered.

Late pick-ups will be charged \$1.00 per minute for each child after 2:40 p.m. Third time, fee increases to \$3.00. When an insufficient check is received, you MUST then make the payment by cash or money order. A student may not be admitted to class after three returns in one session. Students will not be admitted to class if tuition has not been paid or acceptable arrangements made for payment.

Re-admission for the following session will not be allowed for children of families who have unpaid balances on tuition and fees. We require a one-week written notice upon withdrawing a child from the program. If the next month's draft has already occurred, there will be no refund. Tuition, fees and schedules subject to change without notice.

I have read and agree to adhere to the 2016 ~ 2017  
Registration/Tuition Rates and Policies.  
(See the LOG Parent handbook for the complete set of Registration Policies.)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lamb of God Vision and Hearing Statement

Texas state law requires all four year old children to have their vision and hearing checked. If your child has already had their hearing and vision checked, please either:

- Include a copy of your child's visual acuity and hearing/sweep check results with this completed enrollment packet

OR

- Complete and sign the statement below:

I, \_\_\_\_\_, confirm that my child \_\_\_\_\_ is current on both their state mandated vision and hearing records and that the records are on file at the pre-kindergarten program or school that my child normally attends. The name, address, and telephone number of the program/school are:

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\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

OR

If your child has not had their hearing and vision checked, you may elect to have LOG arrange for the check to be performed for a small fee. This check is usually scheduled for the last week of August each year. Please indicate below if you prefer your child be checked at LOG or if you will arrange for this check yourself (we will need a copy of the results for your child's file).

\_\_\_\_\_ Yes, I wish for LOG to arrange to have my child, \_\_\_\_\_, tested for both vision and hearing.

\_\_\_\_\_ No, I will arrange the checks myself and provide LOG with a copy of the results.