

Celebrating 35 years serving families and God in the Humble area

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

Registration Form: Please complete and sign. Please include as many working phone numbers as possible (So we can reach you or a family member in case of emergency). Important—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 your child's needs.

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.

Food Allergy/Emergency Care Form: This must be completed by the student's physician for any student with a food or life threatening allergy and included in the enrollment paperwork before attendance can begin.

Treatment for Minors Consent Form: This 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 a notary on campus who will be happy to assist you with this.

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 vaccination 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 state law.

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.

Annual Calendar

Enrollment: Age Group _____ 3D 5D PS FC

When your enrollment packet is complete and all supporting documentation has been obtained, this information MUST be returned to a school director. 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

1400 FM 1960 E. Bypass ♦ Humble, TX 77338

281-446-LAMB (5262)

Connecting Communities to Christ for 35 years in the Humble area

Welcome to Lamb of God Lutheran Church & School! We are pleased and honored that you are considering our school. We have been joyfully serving students and families in the Humble/Kingwood/Spring areas for over 35 years. What began as a simple, part-time Mother's Day Out program has steadily grown into a thriving Preschool for 3 and 4 year olds, as well as a full-time day care program for infants through 4 year olds. The greatest glory and gratitude go to our Lord, Jesus Christ, for allowing us to partner in His ministry at Lamb of God Lutheran Church.

At Lamb of God we offer programs that promote learning and growing but, most importantly, we offer programs that will give your child a strong Christian foundation. Proverbs 22:5-7 says, "Train a child in the way he should go, and when he is old he will not turn from it." We are here to assist you in that process!

The Lamb of God Difference

Our goal is to provide opportunities for children to:

- Learn about Jesus as Lord and Savior
- Develop a healthy self concept
- Participate in activities that fulfill spiritual, intellectual and physical needs
- Excel academically and increase aptitude and readiness for future school work

Our teachers: as our teachers expect excellence from their students, Lamb of God expects excellence from its staff. We are blessed to have all experienced, Christian caregivers, with a degree holding or CDA certified teacher in the majority of classrooms during the preschool portion of each day. (With incentives provided for those teachers wishing to earn their CDA certification). Our full time, preschool teachers average 15+ years teaching experience and have taught at Lamb of God an average of nine years.

Classroom ratios: Our student-to-teacher ratios run 30-50% below the state required minimums.

All inclusive tuition: Weekly tuition at Lamb of God includes lunch and 2 snacks per day for all children (full care also includes a light breakfast for those students who arrive before 7:30a.m.). Wipes are included for infants, toddlers and twos.

Lamb of God is so much more than a school...it is a family! We look forward to beginning a lasting relationship with you and your child

In Christ,

Jule Metoyer
School Director
jule@lambogod.net

Rev. Mark Brunette
Senior Pastor

Shelly McMullen
Director of Christian Education



Lamb of God Lutheran Church & School Registration Form

Admission Date: _____

Withdrawal Date: _____

Child's Last Name: _____ First Name: _____ Gender: M/F

Date of Birth: _____ 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:

Name Telephone Address Relationship

Parent's Signature

Date

LAMB OF GOD LUTHERAN CHURCH & SCHOOL DEVELOPMENTAL PROFILE

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 such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the last 12 months, any medication prescribed for long term continuous use or any other information which caregivers should be aware of? _____

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: _____

DEVELOPMENTAL HISTORY

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

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 _____

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

Child's Brother/Sister's Names & Ages (living with child): _____

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 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

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. *Within 12 months of admission, I will obtain a healthcare professional's signed statement and will submit it to the child care operation.

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.**

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

[] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

[] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: [] 0.15 mg IM [] 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

TREATMENT FOR MINORS CONSENT FORM

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 _____
 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 # (____) _____
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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

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 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:

_____ Breakfast _____ AM Snack _____ Lunch _____ PM Snack

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.

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. Any over the counter medications must have a doctors note to be administered.

_____ Diaper Rash Cream _____ Insect Repellent
_____ First Aid Ointment _____ Sunscreen

FIELD TRIP/TRANSPORTATION RELEASE

I hereby give consent for my child to attend any In-house field trips which occur during the year here at Lamb of God 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
Early Childhood Center
EZ-EFT ENROLLMENT FORM

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

NAME OF CHILD: _____

Choose One:

Checking Account Transfer (Please attach voided check)

Savings Account Transfer

Account Number: _____

Routing Number: _____

Credit Card (Mastercard or Visa)

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

Visa Card Number: _____ Exp: _____

Mastercard Number: _____ Exp: _____

Account Holder Information:

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization:

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

Signature: _____ Date: _____

OFFICE USE ONLY

Registration Fee \$ _____ Date Paid/Drafted _____ Check# _____ Receipt No. _____ Draft _____

Start Date: _____ Age Group: _____ FC PS 5D 3D Room Assignment _____

Circle Discounts: Member Sibling Full Payment Clergy/Teacher/Police/Fire/EMT/Military Employee

Paperwork Entered _____ Paperwork Complete _____ EFT Entered _____ Door Code _____



Lamb of God Lutheran Church & School

1400 FM 1960 E. Bypass ♦ Humble, TX 77338

281-446-LAMB (5262)

Connecting Communities to Christ

Tuition Agreement

Child's Name (Please Print): _____ Start Date: _____

Registration Fee: _____ Paid OR Draft _____

Class Assignment: _____ Weekly Tuition: _____

Tuition Discounts: Member 10% _____

Sibling 5% _____

Full Payment 5% _____

Clergy/Educator/Police/Firefighter/EMT/Military 5% _____

Tuition Fees: Credit Card fee + 3% _____

WEEKLY DRAFT: _____

**I have read and agree to adhere to the
Registration/Tuition Rates and Policies.**

Parent/Guardian
Signature: _____

Please Print
Student's Name: _____

Date: _____

Rev. Mark Brunette
Senior Pastor

Shelly McMullen
Director of Christian Education

Lamb of God Lutheran School
1400 FM 1960 East Bypass
Humble, Texas 77338
Phone: (281) 446-5262

**2018/2019 Registration
 & Tuition Rates**

Annual Registration Fees (per student) - \$160.00

Class		Programs M-F	Weekly Tuition
Infants	6:30 am-6:00 pm (5 Day program)	Full Care	\$250.00
Toddler	6:30 am-6:00 pm (5 Day program)	Full Care	\$245.00
	8:30 am-3:00 pm (5 Day program)	Preschool Only	\$195.00
Twos	6:30am-6:00 pm (5 Day program)	Full Care	\$230.00
	8:30am-3:00 pm (5 Day program)	Preschool Only	\$190.00
	6:30am-6:00 pm (3 Day program)		\$165.00
	8:30 am-3:00 pm (3 Day program)	Preschool Only	\$135.00
Threes	6:30 am-6:00 pm (5 Day program)	Full Care	\$220.00
	8:30 am-3:00 pm (5 Day program)	Preschool Only	\$175.00
	6:30 am-6:00 pm (3 Day program)		\$150.00
	8:30 am-3:00 pm (3 Day program)	Preschool Only	\$130.00
Fours	6:30am-6:00 pm (5 Day program)	Full Care	\$210.00
	8:30am-3:00 pm (5 Day program)	Preschool Only	\$170.00
	6:30am-6:00 pm (3 Day program)		\$145.00
	8:30 am-3:00 pm (3 Day program)	Preschool Only	\$125.00

Policies & Procedures

- * The **non-refundable** registration fee must be submitted in full with the application in order to guarantee your child(ren)'s spot in a classroom.
- * Registration fees: Families pay \$160 for the first student and \$50 for any additional students.
- * Tuition includes two snacks and lunch for all classes. Full care tuition includes breakfast for students arriving before 7:30 a.m.
- * Tuition payments are the same regardless of illness, family vacations or school holidays.
- * All families who are enrolled for 90 days will be eligible for two weeks vacation credit, to be used anytime during the school year or summer months. A vacation request form must be filled out and approved before a credit can be issued.
- * 5% discount will apply for members of the clergy, military, peace officers, firefighters, EMTs and educators.
- * 5% discount will apply for tuition paid in full before the beginning of the 2018 Fall semester.
- * 5% discount will be applied for each additional sibling, discount relates to the lowest tuition amount.
- * 10% discount will be applied to all Lamb of God Church members (in good standing).
- * All tuition payments must be remitted via weekly EZ-EFT electronic bill payment in advance of services rendered.
- * Extended care before 8:30 and after 3:00 is billed at an additional \$7.00 an hour.
- * Late pick-ups will be charged \$1.00 per minute for each child after 6:05 p.m.. After the third time, the fee increases to \$3.00/min.
- * Payments for tuition/fees that are returned for insufficient funds are subject to a charge of \$25.00 which will be included in the next week's draft. A student may not be admitted to class after three returns in one school year without cash or money order paid prior to attending.
- * School records will not be released for those students who have any unpaid balances.
- * We require a two-week written notice upon withdrawing a child from the program. If the next week's tuition draft has occurred before written notice has been received, no refund will be given.
- * Tuition, fees and schedules are subject to change at the discretion of the Director.
- * Hours of operation are 6:00 a.m.-6:00 p.m.