

Thank you for your interest in *Lamb of God Lutheran Church & School*! Attached is the enrollment packet for MDO 2017-2018 Session. 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.* 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.
- **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.
- **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.
- **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 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 School Calendar:** You will receive a copy of the 2017-2018 MDO school calendar at meet and greet.

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 2017-2018

September 5th – May 11th

- | | | | |
|---|-----------------------|--------------------|------------------------------|
| <input type="checkbox"/> 2 Day Program Tues./Thurs. | \$100.00 Registration | \$195.00 per month | (\$97.50 due in Dec. & May) |
| <input type="checkbox"/> 3 Day Program MWF | \$100.00 Registration | \$240.00 per month | (\$120.00 due in Dec. & May) |
| <input type="checkbox"/> 5 Day Program M-F | \$150.00 Registration | \$435.00 per month | (\$217.50 due in Dec. & May) |

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 (non-parent) to be contacted in the event of an emergency if I cannot be reached:

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

Parent's Signature

Date

LAMB OF GOD LUTHERAN CHURCH & SCHOOL

DEVELOPMENTAL PROFILE 2017-2018

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.

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 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

2017-2018

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.

Physicians Name:

Physicians Complete Address

Physicians phone number

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 AGES 4 AND UP.

TREATMENT FOR MINORS CONSENT FORM 2017-2018

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's Name _____ Date of Birth _____

Allergies: Medication _____
 ** Please indicate 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:

Initial - _____ 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
_____ Infant's 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
Name of financial institution
checking, savings or credit 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. Payments for tuition/fees which are returned for insufficient funds are subject to a charge of \$25, which will be included in the next tuition draft. 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 2017-2018
Registration/Tuition Rates and Policies.

(See the LOG Parent handbook for the complete set of Registration Policies.)

Parent Signature: _____ Date: _____