

Lamb of God Lutheran Church & School

Registration Form for MDO 2018 Summer Session

June 11th – August 3rd

Check One

- | | | |
|---|-----------------------|---|
| <input type="checkbox"/> 2 Day Program Tues./Thurs. | \$55.00 Registration | June: \$130.00; July: \$175.00; August: \$45.00 |
| <input type="checkbox"/> 3 Day Program MWF | \$75.00 Registration | June: \$160.00; July: \$215.00; August: \$55.00 |
| <input type="checkbox"/> 5 Day Program M-F | \$105.00 Registration | June: \$295.00; July: \$390.00; August: \$95.00 |

Admission Date: _____

*\$25 summer activity fee added to registration fee

Child's Last Name: _____ First Name: _____ Gender: _____
 Date of Birth: _____ Custodial Parent: _____ Financial Responsibility: _____
 Church Home: _____ Child Baptized? _____
 How did you hear about LOGLS? _____

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

Mother's Name: _____ E-Mail: _____
 Address: _____ Cell Phone: _____
 City: _____ Zip: _____ Home 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 |
| Address: _____ | | |

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? _____

Describe your child's appetite: _____

Child's favorite foods are: _____ Foods your child dislikes: _____

How many hours of TV does your child watch a day? _____ 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:

There has been a divorce in our family. My child has contact with the non-custodial parent _____ times a month.

There are restrictions with the non-custodial parent of which the school should be aware of. Please explain: _____

We have moved since our child has born. List places: _____

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

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's Name

Date of Birth

Allergies: Medication _____

*** Please indicate if none***

Food _____

Environmental/Other _____

For any Food Allergies & Anaphylaxis Emergencies please see attached Emergency Care Plan Form

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

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 - *if no then 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.

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

FIELD TRIP/TRANSPORTATION RELEASE

I hereby give consent for my child to attend any 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:_____

**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. |

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **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:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. 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

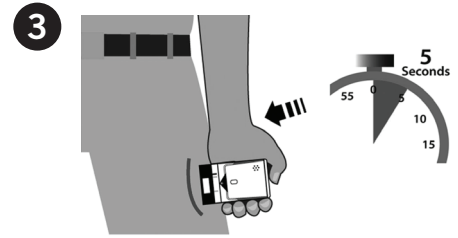
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

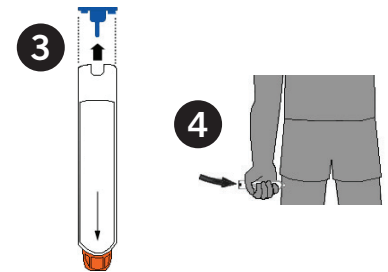
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



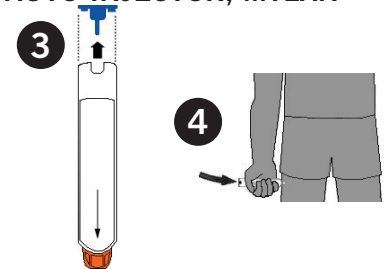
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



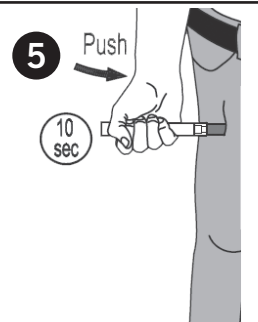
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

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.

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 AGE 4 AND UP.

Discipline and Guidance Policy for Lamb of God Lutheran School

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent

employee/caregiver

household member of child-care home

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

Routing Number: _____

Account 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.

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. Active duty armed service members, 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. Payments for tuition/fees which are returned for insufficient funds or are past due are subject to a charge of \$25. After a second insufficient funds or past due notice, you **MUST** then make the payment by cash or money order and child will not be allowed to attend school until account is paid in full.

Late pick-ups will be charged \$1.00 per minute for each child after 2:35 p.m. Third time, fee increases to \$3.00 per minute. We require a two-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 2018-2019
Registration/Tuition Rates and Policies.

Parent Signature: _____ Date: _____

Thank you for your interest in *Lamb of God Lutheran Church & School*! Attached is the enrollment packet for MDO 2018 Summer 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.
- **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 notaries on campus who will be happy to assist you with this.
- **Food Allergy & Anaphylaxis Emergency Care Plan Form:** This form is to be filled out for any severe food allergies and *MUST* be signed by a doctor.
- **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.
- **Discipline and Guidance Policy:** Please make sure you read completely and *sign at the bottom*.
- **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 before you child can start school, as required by the state of Texas.* You may attach a copy with your enrollment packet, or have a copy faxed to us at (281) 446-0289.
- **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, or fax 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.

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.