

UPDATE to the ENROLLMENT APPLICATION
Returning students for the 2009-2010 School Year
MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT
1801 West Plano Parkway, Plano, Texas 75075
Phone: (972)398-7560 Fax: (972)398-7598

FOR OFFICE USE ONLY: First day of class: _____ Class: _____
Days: _____ Hours: _____

CHILD: _____ Date of Birth: _____
Last Name First Name Middle Name MM/DD/YY

Name to be used in classroom: _____ Primary Contact #: _____

Address: _____
Street City Zip

Resident of the _____ Independent School District

CHILD'S FAMILY

Parent Information: (Leave address blank if same as child's)

Mother: _____ Father: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

e-mail: _____ e-mail: _____

Fax Number: _____ Fax Number: _____

Marital Status: Mar / Sep / Div / Wid / S Marital Status: Mar / Sep / Div / Wid / S

Church: _____ Church: _____
Name / Location Name / Location

Active Member (circle one)? YES NO Active Member (circle one)? YES NO

Family Information:

Other children in family (names & D.O.B.): _____

If there has been a separation or divorce, with whom is the child living? _____

If the child is living with someone other than parents, please complete:

Name: _____ Relationship: _____ Phone: _____

Address: _____ Church Membership: _____

TRANSPORTATION

How will the child come to and leave school? _____

I hereby authorize Messiah Lambs to allow the child to leave the facility ONLY with the following persons:

The following are people who may NOT pick up the child:

EMERGENCY PHONE NUMBERS – Please provide at least two names (not including parents/guardian). These will be used only in unexpected circumstances if the parents/guardian cannot be reached.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____

CHILD’S CHURCH AFFILIATION

Has the child been baptized/dedicated? _____ Date: _____ Church / Location: _____

Church Attendance: () Regularly () Occasionally () None

Sunday School Attendance: () Regularly () Occasionally () None

Which Church and/or Sunday School: _____

HEALTH HISTORY

General:

- Is your child toilet trained? NO YES
- Any existing illnesses? NO YES _____
- Hospitalization in the past 12 months? NO YES _____

Asthma / Allergies:

- Has your child been diagnosed with asthma? NO YES

If yes, please list the steps to be taken: _____

- Does your child have any of the following (please note the allergens which require an Epi-Pen):

Seasonal Allergies? NO YES _____

Food Allergies? NO YES _____

Insect Allergies? NO YES _____

Other Allergies? NO YES _____

In order to help us in the care of your child, please list any concerns, special needs, disabilities or handicaps your child might have, or any other circumstances of which the school should be aware, i.e. divorce, adoption of child or siblings, death in the family, etc. All information is held in the strictest confidence.

EMERGENCY INFORMATION

In case of emergency Messiah Lambs will contact 911. If we have a choice, to which hospital do you want your child taken? _____

Do you have medical insurance coverage for your child? NO YES

If YES, please complete the below:

Name on account: _____

Provider: _____

Policy/Group/ID/Member #: _____

POLICIES AND PROCEDURES

Please initial each entry and sign at the end

HANDBOOK

I will abide by the rules, regulations, and policies of Messiah Lambs Early Childhood Development, Inc. I have also read and agree with the policies set forth in the Messiah Lutheran Lambs 2009-2010 Parent Handbook.

TUITION

I understand that the yearly registration/supply fee must accompany this application and will be refunded only in the event of the child’s relocation before the start of the school year. The school office must be contacted prior to the first day of school should there be a relocation. Tuition is due the first day of each school month beginning in August. A \$10 late charge is added if payment is received after the 10th. If payment is not received by the first of the following month, the child is subject to dismissal. I understand I am paying for my child’s space at Messiah Lambs and my child’s ability to attend due to illness or other reasons **will not alter tuition**. I will notify the school when my child will not be in attendance.

WITHDRAWAL FROM THE PROGRAM

If you wish to withdraw your child from our program before the end of the year, you need to complete an Exit Survey and return it to the office two weeks in advance of the child’s last day.

TESTING

I understand that visual acuity and hearing sensitivity screening are required for children who are at least four years old by September 1st of the 2009-2010 school year. I understand that if my child has already been screened, I need to provide a copy of the doctor’s report to the Lamb’s office otherwise this testing will be completed at Messiah and I will be charged accordingly. In addition, children who are in Kindergarten need to be tested for speech. Charges for testing will be added to tuition. Testing is available for three year olds as well, but the office must be notified in order to work them into the schedule.

I have read and understand all the above policies:

Signature of parent or legal guardian

Date
