

ENROLLMENT APPLICATION

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 #: _____

Sex: (Circle one) Male Female Resident of the _____ Independent School District

Address: _____
Street City Zip

How did you find out about our school? _____

Other schools or care facilities the child attended: _____

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

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Church: _____
Name / Location

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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 my child to leave the facility ONLY with the following persons:

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

EMERGENCY PHONE NUMBERS – Please provide at least three 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 _____
- Previous serious illnesses? NO YES _____
- Previous serious injuries? 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 have read and agree to 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 Parent Handbook.

TUITION

I understand that the yearly registration/supply fee must accompany this application and is non-refundable. 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. If your child then re-enters our program the same school year, a \$25 re-enrollment fee applies.

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 current 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 Lambs' 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.

WALKS AND HIKES

My child has my permission to go on walks and / or hikes with Messiah Lutheran Lambs during the school year. I understand that all precautions will be taken to prevent any accidents and I do hereby release Messiah Lutheran Lambs, its agents, or employees, from any accident involving my child while on a walk or hike.

I have read and understand all the above policies:

Signature of parent or legal guardian

Date

MEDICAL RELEASE

TEXAS STATE DEPARTMENT OF PUBLIC WELFARE
LICENSING DIVISION

This form is designed to meet legal requirements established in the NB 1452. Act of the 16th Legislature, Regular Session, which provides that any person who has custody of a minor may give consent to medical care if the person has an affidavit signed by one or both parents authorizing the person to give consent.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements, I hereby authorize representatives of MESSIAH LUTHERAN LAMBS to give consent for any and all necessary medical/dental care for my child _____, while said child is in the custody of MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT, INC.

SIGNATURE OF PARENT OR GUARDIAN _____

STATE OF TEXAS / COUNTY OF COLLIN

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purposes therein expressed.

Sworn and subscribed before me this _____ day of _____, 20_____

Notary Public in and for the state of Texas _____

(seal)

ATTENDANCE COMPUTER INFORMATION

Please provide us with six **NUMBERS** that you will use to check your child(ren) in and out of the Attendance Computers. Only one PIN is needed per family – NOT one per child. If you will be having a nanny or additional individuals picking up frequently, please assign them a different PIN. Additional PINs are not needed for those who pick up infrequently.

Name of Adult picking up:

Six numbers:

Mom and Dad

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____