

# ENROLLMENT APPLICATION

MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT

1801 West Plano Parkway, Plano, Texas 75075

Phone: (972)398-7560 Fax: (972)398-7598

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**FOR OFFICE USE ONLY:** First day of class: \_\_\_\_\_ Class: \_\_\_\_\_  
Days: \_\_\_\_\_ Hours: \_\_\_\_\_

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**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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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:

\_\_\_\_\_

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**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.

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### **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 10<sup>th</sup>. 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.

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### **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.

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### **TESTING**

I understand that visual acuity and hearing sensitivity screening are required for children who are at least four years old by September 1<sup>st</sup> 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.

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### **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.

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I have read and understand all the above policies:

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Signature of parent or legal guardian

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Date

