

UPDATE to the ENROLLMENT APPLICATION
Returning students for the 2016-2017 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

CHILD'S FAMILY

Parent Information:

Mother: _____

Father: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

e-mail: _____

e-mail: _____

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

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Church: _____
Name / Location

Church: _____
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: _____

Additional Information: Please provide the name, address and phone number of the person to call in case of an emergency if parents / guardian cannot be reached:

NAME: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

ADDRESS: _____

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: _____

Signature – Parent or Legal Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child, _____, to:
Child's Name

Name, Address and Phone Number of local **Physician**:

AND / OR

Name, Address and Phone Number of local **Emergency Care Facility**:

I DO / DO NOT (please circle one) currently have medical insurance coverage for my child.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature – Parent or Legal Guardian: _____

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 describe the treatment used. Do we need to be aware of any symptoms? _____

- 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.

Signature – Parent or Legal Guardian

Date

TRANSPORTATION

I hereby authorize Messiah Lambs to allow my child to leave the facility ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated below after verification of ID.

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

I am concerned about the following individuals attempting to pick-up my child without my consent:

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 Parent Handbook.

TUITION

I understand that the yearly registration fee must accompany this application 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 provide written notice 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. **Registration / Activity / Tuition fees are all non-refundable.**

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. Testing is available for three year olds as well, but the office must be notified in order to work them into the schedule.

Signature – Parent or Legal Guardian

Date