

**UPDATE to the ENROLLMENT APPLICATION**  
**Returning students for the 2018-2019 School Year**  
**MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT**  
**1801 West Plano Parkway, Plano, Texas 75075**  
**Phone: (972)398-7560 Fax: (972)398-7598**

Rev 1-2018

**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	Marital Status: Mar / Sep / Div / Wid / S
Church: _____ <small>Name / Location</small>	Church: _____ <small>Name / Location</small>
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: \_\_\_\_\_

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### HEALTH HISTORY

- 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 \_\_\_\_\_

- Has your child been diagnosed with asthma? NO YES

If yes, describe the symptoms and treatment: \_\_\_\_\_

- Does your child have any of the following (please describe the reaction):

Seasonal Allergies? NO YES \_\_\_\_\_

Insect Allergies? NO YES \_\_\_\_\_

Other Allergies? NO YES \_\_\_\_\_

- Are you concerned about your child consuming any specific foods? Please list all foods and whether your child has an allergy (A), is intolerant (I), or it is your preference for them to avoid the food (P). **Also for all A's a Food Allergy Emergency Plan signed by a doctor is required.** \_\_\_\_\_

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 \$15 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.

\_\_\_\_\_

**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. Any child not registered for the next school year by the last day of the current school year is automatically withdrawn from the program and is therefore subject to the \$25 re-enrollment fee as well. **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 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.

\_\_\_\_\_

**ALLERGIES**

Messiah Lambs has my permission to post any allergies listed in this file or on my child's health record. Additionally, if allergens are listed on the Health Record, I understand that I have to provide an Emergency Plan for each allergen. The plan needs to be signed by a healthcare professional and lists possible symptoms if exposed to the allergen and steps to take if there is an allergic reaction.

\_\_\_\_\_

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date