

ENROLLMENT APPLICATION

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: _____ Sex: (Circle one) Male Female

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:

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

- 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

POLICIES AND PROCEDURES

Please read the paragraphs below and initial next to each

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 \$15 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. 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 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. I also understand that if my child enters Messiah Lambs after the annual screening has taken place, I am responsible for providing screening results for my child to the Lambs Office.

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.

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

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:

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

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

Signature – Parent or Legal Guardian

Date

Child's Name: _____

DISCIPLINE PROCEDURES FOR MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT INC.

We, the staff of Messiah Lutheran Lambs, are concerned about the growth and development of each of the children in our care. Children have the right to feel loved, to feel safe, and to be treated with respect by parents, teachers and their peers. We are concerned about the well being of the class, the school, individual students, teachers and other adults.

If inappropriate behavior occurs – such as: hitting, kicking, biting, temper tantrums, foul language, disrespectful attitude towards teachers and other adults, the following steps will be taken.

1. Teacher will talk to the student.
2. Student will be placed in a “chill-out” spot in the room.
3. Student will have time out in director’s office.
4. Parent will be notified of the behavior on the second visit to the director’s office and be followed by a parent conference (set up by appointment).
5. Parent will be called to pick up their child for the remainder of the day.
6. Parent will be called to pick up their child for removal from school for three consecutive days. A parent conference will be held (by appointment) before the child is allowed to return to school.
7. Parent will be called to pick up their child for removal from school permanently.

However, if a child does physical harm with serious bodily injury to others, this will warrant immediate dismissal from school.

The teacher or director will inform parents of each step. Action taken will depend on consultation with the Pastor, plus the Director of Early Childhood as stated in the Parent Handbook.

I have read and understand the above.

Signature – Parent or Legal Guardian

Date

DISCIPLINE AND GUIDANCE POLICY FOR MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT INC.

- ❖ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child’s level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or “chill” out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of the child’s age.

- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child’s mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and know where to view a copy of this discipline and guidance policy.

Signature – Parent or Legal Guardian

Date

MESSIAH LAMBS EARLY CHILDHOOD DEVELOPMENT, INC.
CONTRACT

Date of enrollment _____ Child's name _____

1. 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 Lambs Parent's Handbook and the Discipline and Guidance Policies.
2. I hereby grant permission for:
 - a) My child to use all play equipment and participate in all school activities.
 - b) My child to leave the premises under the supervision of a staff member for neighborhood walks.
 - c) My child to be included in evaluations and pictures connected with the school program.
 - d) The Director or acting Director to take whatever steps may be necessary to obtain medical care if warranted. These steps may include but are not limited to the following:
 - I. Attempt to contact a parent or guardian
 - II. Attempt to contact the child's physician
 - III. Attempt to contact a parent / guardian through any of the Emergency Contacts listed in the Enrollment Application
 - IV. If we cannot contact a parent / guardian or the child's physician, we will do any or all of the following: call paramedics, call another physician, call an ambulance, or have a staff member take the child to the hospital
3. I understand the registration fee is payable at the time of registration and is NON-REFUNDABLE.
4. 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.
5. Parents will be informed of policy changes by a note sent home two weeks before the change takes effect.

Signature – Parent or Legal Guardian

Date