



Lamb of God Lutheran Church & School Registration Form 2010-2011



Child's Last Name: _____ First Name: _____ Gender: M/F
 Date of Birth: _____ Custodial Parent: _____ Financial Responsibility: _____
 Church Home: _____ Child Baptized? Yes or No
 How did you hear about LOGLS? _____

Father's Name: _____ E-Mail: _____
 Address: _____ Home Phone: (____) _____
 City: _____ Zip: _____ Cell Phone (____) _____
 Father's Employer: _____ Work Phone (____) _____

Mother's Name: _____ E-Mail: _____
 Address: _____ Home Phone: (____) _____
 City: _____ Zip: _____ Cell Phone (____) _____
 Mother's Employer: _____ Work Phone (____) _____

I hereby authorize my child to leave LOGLS only with the following persons other than parents:

Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____
Name: _____	Telephone: _____	Relationship: _____

Due to custodial or other reasons, the following persons are never allowed to pick up my child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I designate the following person to be contacted in the event of an emergency if I cannot be reached:

_____	_____	_____
Name	Telephone	Relationship

_____	_____
Parent's Signature	Date

LAMB OF GOD LUTHERAN CHURCH & SCHOOL DEVELOPMENTAL PROFILE 2010-2011

ABOUT YOUR CHILD

Child's Name: _____ Nickname(s): _____

Does your child sleep through the night? _____

What times does your child go to bed at night? _____ Get up in the morning? _____

Does your child nap? _____ Normally how long is his nap? _____

Does your child have any special fears? _____

Does your child have any special needs? _____

Describe your child's appetite: _____

Child's favorite foods are: _____ Foods your child dislikes: _____

How many hours of TV does your child watch? _____ Favorite shows: _____

Do you read to your child regularly? _____ Child's favorite play activities: _____

Please list past child-care arrangements/school attended: _____

Why did you choose our center? _____

DEVELOPMENTAL HISTORY

Was your child carried full term? _____ Premature? _____

Were there any complications at birth? _____

Has your child ever had any diagnostic testing or been diagnosed with a behavior or learning difficulty or developmental delay? Please describe.

FAMILY HISTORY

Do both parents live in child's home? _____ If not, with whom does child live? _____

If there are other adults in the home, give relationship to the child _____

Has your child been involved in a group setting before such as Sunday School, playgroups or other programs? _____

Child's Brother/Sister's Names & Ages (living with Child): _____

Please circle response:

yes/no There has been a divorce in our family. My child has contact with the non-custodial parent _____ times a month.

yes/no There are restrictions with the non-custodial parent of which the school should be aware of. Please explain: _____

yes/no We have moved since our child has born. List places: _____

yes/no We would be willing to share our hobby/talent with the class. List hobbies talents: _____

yes/no Our family speaks another language: _____

In an effort to help us better understand your child, please complete the following by describing your child's behaviors spiritually, emotionally, socially, physically, and intellectually.

Spiritually – (attends Sunday School, prays before meals, traditions and or holidays unique or special to your family, etc.) _____

Socially – (shares, aggressive around others, likes small groups, first time in a group, etc.)

Emotionally – (displays separation anxiety, shy, acclimates easily to new surroundings, etc., still likes the pacifier or special blanket at nap time, uses words to express feelings, etc.) _____

Physically – (premature birth, never crawled, walked early, on target, prefers crawling to walking, hops and skips, plays t-ball, etc.) _____

Intellectually – (says two word phrases, points to pictures in books, has an extensive vocabulary for his/her age, asks questions, understands another's point of view, listens intently for five minutes, etc.) _____

Signature of person completing profile

Date

Medical Information Required 2010-2011

Child's Name: _____ Birthdate: _____

Parent's Name: _____

A CHILD WHO APPEARS ILL UPON ARRIVAL WILL NOT BE ADMITTED TO CLASS!

NOTE: The parent should authorize the physician (at the time of registration) to accept a call from Lamb of God Lutheran Church & School's staff for emergency medical care.

ADMISSION REQUIREMENT

One of the following must be presented when your child is admitted to the program. Check to indicate the option you select:

____ Signed Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the program.

Physician's Written Name

Physician's Signature

Date

OR

____ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in the program.

Name, complete address and phone number of physician

Signature – Parent of Legal Guardian

Date

* CURRENT IMMUNIZATION RECORD MUST BE ATTACHED OR FAXED TO (281) 446-0289.

*YOU MUST PROVIDE PROOF OF HEARING/VISION SCREENING FOR CHILDREN AGE 4 AND UP.

TREATMENT FOR MINORS CONSENT FORM 2010-2011

Northeast Medical Center or other: _____ . Please accept this letter as authority to treat my child, in case of emergency, whose name is listed below:

CHILD (Full Name)

BIRTHDATE

Allergies:	Medication _____
	Food _____
	Environment _____

Regularly Administered Medications: _____

Child's Doctor _____ Phone (____) _____

Located at _____.

If you are unable to contact him/her, please accept this letter as your authorization to use the doctor on call in the emergency room for any necessary medical treatment.

I/We being the parent(s) or legal guardian(s) of the above named minor do hereby appoint the following individual(s) to act in my/our behalf in authorizing medical, dental, surgical care, and hospitalization for the above named minor in the event I cannot be reached.

Name & Relationship to Child	Address	Phone

Insurance Co: _____ **Group #:** _____

Benefit Verification Phone # (____) _____

Mother's Employer: _____ **Phone** (____) _____

Father's Employer: _____ **Phone** (____) _____

General Permission & Release:

WATER PLAY

I hereby give my consent for _____ (child's name) to participate in the following water activities:

Water Table Play Wading Pools Splashing Pools

PHOTOGRAPHIC RELEASE

With the intent to be legally bound, I give permission to Lamb of God Lutheran Church & School to photograph/videotape my son/daughter _____, and use the resulting photographs/videotape for any lawful activities for the purpose of promoting Lamb of God Lutheran School to the public. I relinquish all rights, title and interest in the finished photographs, negatives, and videotape film. Initial - _____ yes _____ no

SCHOOL DIRECTORY/CHURCH MAILING LIST RELEASE

I give my permission to Lamb of God Lutheran Church & School to include my family and child in the school directory. I understand the directory will only be distributed to enrolled students. Directory: Initial - _____ yes _____ no.
I also give permission to add my family to the church mailing/email list for release of church information only
Mailing/Email List: Initial - _____ yes _____ no.

MEDICINE RELEASE

The following medications are available at the facility to use if needed. Please initial only the following items that you authorize to be used on your child.

_____ Sting Relief Medication	_____ Sunscreen
_____ Benadryl Cream	_____ Bactine
_____ Infant's Pain Reliever (_____ dosage)	_____ Insect Repellent
_____ Children's Motrin (_____ dosage)	_____ First Aid Cream
_____ Children's Allergy Relief (_____ dosage)	_____ Burn Gel
_____ Baby Powder	_____ Diaper Rash Cream

MEDICAL

In the event that I or my spouse cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to secure medical help for my child.

Parent Signature: _____

Subscribed and sworn to, before me, this _____ day of _____ 20____.

Notary Public Signature: _____

Annual Registration Fees (per student)	
Infants	\$125.00
Toddlers	\$150.00
Twos	\$250.00
Threes	\$275.00
Fours	\$275.00
Kindergarten	\$300.00

Class		Programs M-F	Weekly Rate
Infants	6:00am-6:00pm	Full Care	\$215.00
Toddler	6:00am-6:00pm	Full Care	\$210.00
Twos	6:00am-6:00pm	Full Care	\$195.00
	6:00am-8:30am	Morning Care Only	\$25.00
	3:00pm-6:00pm	Afternoon Care Only	\$25.00
	8:30am-3:00pm	Preschool Only	\$155.00
Threes	6:00am-6:00pm	Full Care	\$185.00
	6:00am-8:30am	Morning Care Only	\$25.00
	3:00pm-6:00pm	Afternoon Care Only	\$25.00
	8:30am-3:00pm	Preschool Only	\$145.00
Fours	6:00am-6:00pm	Full Care	\$175.00
	6:00am-8:30am	Morning Care Only	\$25.00
	3:00pm-6:00pm	Afternoon Care Only	\$25.00
	8:30am-3:00pm	Preschool Only	\$135.00
Kindergarten	6:00am-6:00pm	Full Care	\$195.00
	6:00am-8:30am	Morning Care Only	\$25.00
	3:00pm-6:00pm	Afternoon Care Only	\$25.00
	8:30am-3:00pm	School Only	\$155.00

Policies

- * Registration fee must be submitted in full with the application in order to hold a spot in a class.
This fee is non-refundable.
- * Tuition includes breakfast, two snacks and lunch for all classes, formula and/or baby food for Infants, and wipes for Infants, Toddlers and Twos
- * Tuition payments are the same regardless of illness, family vacations, or school holidays.
- * All families who are enrolled for the entire 2010-2011 year will be eligible for one floating vacation week. If your child is out one full week due to vacation, illness, etc., you will be eligible to receive a one week credit to your tuition. A vacation request form must be filled out and approved before a credit can be issued.
- * 5% discount will apply for tuition paid in full by August 23, 2010
- * 10% discount will be applied for each additional sibling, discount relates to the lowest tuition amount.
- * 10% discount will be applied to all Lamb of God Church members (eligibility based on 60% monthly attendance)
- * All tuition payments must be remitted via EZ-EFT electronic bill payment weekly in advance of services rendered. Extended care drop-in rate is \$6.00 an hour.
- * Late pick-ups will be charged \$1.00 per minute for each child after 6:05 pm. Third time, fee increases to \$3.00.
- * Drafts/checks for tuition/fees that are returned for insufficient funds are subject to a penalty charge of \$30.00.
- * After an insufficient check has been received, that payment **MUST** be made by cash or money order.
- * A student may not be admitted to class after three returns in one school year.
- * Students will not be admitted to class if tuition has not been paid or acceptable arrangements made for payment.
- * Re-admission for the following school year will not be allowed for children of families who have unpaid balances on tuition and fees.
- * We request a two-week written notice upon withdrawing a child from the program.
- * Tuition and Schedules subject to change without notice.



Lamb of God Lutheran Church & School
1400 FM 1960 East Bypass Humble, TX 77338
281-446-LAMB
Connecting Our Community to Christ

Your Weekly Tuition rate is: _____

**I have read and agree to adhere to the 2010-2011
Registration/Tuition Rates and Policies.**

Parent/Guardian
Signature: _____

Please Print
Student's
Name: _____

Date: _____

Rev. Mark Brunette
Senior Pastor

Rev. Dr. Duane Brunette
Asst. to Pastor

Fax: 281-446-0289

Online: www.lambofgod.net

Email: office@lambofgod.net

LAMB OF GOD LUTHERAN SCHOOL
Early Childhood Center
EZ-EFT ENROLLMENT FORM

Your child's tuition will automatically be drafted from your account every Friday in advance of services for the upcoming week.

NAME OF CHILD: _____

Choose One:

Checking Account Transfer (Please attach voided check)

Savings Account Transfer

Account Number: _____

Routing Number: _____

Credit Card (Mastercard or Visa)

Please Note: a 3% service fee will be added to your weekly draft

Visa Card Number: _____ Exp: _____

Mastercard Number: _____ Exp: _____

NOTE
We apologize that at this time we are unable to accept FLEX spending cards. However, we can accept check payments from FLEX accounts.

Account Holder Information:

(Note: the information listed below must match the information on the account)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorization:

I hereby authorize _____ to make payment on my behalf from the
Name of financial institution
checking, savings or credit account listed, and transfer it to Lamb of God Lutheran Church and School.

Signature: _____ Date: _____

OFFICE USE ONLY			
Registration Fee \$	Date Paid	Check or Receipt No.	
Start Date:	Age Group:	FC PS AM PM	Room Assignment
Circle Discounts: Member Sibling Employee Full Payment			
Paperwork Entered	Paperwork Complete	EFT Entered	Door Code