



## Lamb of God Lutheran Church & School

1400 FM 1960 East Bypass Humble, TX 77338

281-446-LAMB

*Connecting Our Community to Christ*

November 7, 2011

Welcome to Lamb of God Lutheran Church & School! We are so pleased that you are considering our Mother's Day Out program. We believe that these early years in your child's life are so important. Not only is your child actively learning and growing – they are also developing a foundation for the type of person they will become in life.

Here at Lamb of God we offer programs that will promote the learning and growing, but most importantly; we offer programs that will give your child a strong Christian foundation. Proverbs 22:5-7 says, "Train a child in the way he should go, and when he is old he will not turn from it." We are here to assist you in that process!

### Lamb of God MDO:

#### **Our Goal:**

- To allow parents time for themselves while their children are in the care of our loving staff that provide a structured and fun day for their child.

#### **Our purpose:**

- Connecting Children to Christ

#### **Our Vision:**

- Passing the Torch of Faith, Deuteronomy 11:18-21

#### **Our MDO Spring Session consists of:**

- Chapel-Library-Music (weekly)
- Snack & Lunch Provided
- Weekly Inspirational Lessons
- Crafts
- Weekly Basic Academics
- P.E. for our MDO Class 3 and Class 4
- Gym & Playground Time
- Rest or Nap Time
- Making Friends & Memories!

**Classroom ratios:** Our student-to-teacher ratios run 50% below the state required minimums.

**All inclusive tuition:** Our monthly tuition at Lamb of God includes a morning snack and lunch.

Lamb of God is so much more than a school...it is a family! We look forward to beginning a lasting relationship with you and your child.

In Christ,

Jackie Rathgeber  
Associate Director, MDO  
281.446.LAMB, ext. 105  
[Jackie@lambogod.net](mailto:Jackie@lambogod.net)

Greg Toth  
Director  
281.446.LAMB, ext. 102  
[Greg@lambogod.net](mailto:Greg@lambogod.net)

Rev. Mark Brunette  
Senior Pastor

Rev. Dr. Duane Brunette  
Asst. to Pastor

Thank you for your interest in Lamb of God Lutheran Church & School, MDO! Attached is an enrollment packet for the **2012 Spring Session**. Before you turn in the enrollment packet, please make sure you have completed the following:

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- Registration Form:** Complete and sign. Also, please be sure to include as many working phone numbers as possible (In the event of any emergency, we need to make sure we can get in touch with you).
- Developmental Profile/Daily Infant Profile:** Complete and sign. Please include as many details as possible, as this gives our teachers insight into how to best meet the needs of your child.
- Medical Information Form:** you can have a doctor/physician complete this form, OR you can complete the bottom portion to ensure that your child has been examined by a licensed physician in the past year.
- Treatment for Minors Consent Form:** this form is needed in case of emergency and must be filled out completely. If you have insurance, please make sure to complete all of the insurance portion. If you do not have insurance, please write "none" in the insurance box.
- General Permission and Release Form:** Please indicate your preferences for each section. The bottom portion must be notarized. We do have several notaries on campus that will be happy to assist you with this.
- EFT Enrollment Form:** Complete and sign the bottom. You may choose from checking, savings or credit card; however, you must enroll in our EFT program.
- Tuition Form:** Please make sure you read completely and sign at the bottom.
- Registration Fee:** You can pay for the registration fee by check or we can draft it from your EFT account. Registration fees are due in advance, before your child can start school.
- Vaccination Records:** We must have a current copy of your child's vaccination records. You may attach a copy with your enrollment packet, or have a copy faxed to us at (281) 446-0289. We must receive vaccination records before your child can start school, as required by the state of Texas.
- Hearing/Vision Screening:** If your child is 4 years or older, we must have a current copy of your child's hearing/vision screening on file. You may attach a copy with your enrollment packet, or have a copy faxed to us at (281) 446-0289.

*Once you have ensured that your enrollment packet is complete, and all supporting documentation has been obtained, this information **MUST** be returned to a director of the school. Your child's spot is only reserved once all paperwork is complete, registration fee is paid and accepted. You will receive notification once your child has been accepted.*

# LAMB OF GOD LUTHERAN CHURCH & SCHOOL DEVELOPMENTAL PROFILE 2011-2012

## ABOUT YOUR CHILD

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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 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  
2011-2012

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 2011-2012

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: YES  OR NONE  If yes, please explain: \_\_\_\_\_

Food: YES  OR NONE  If yes, please explain: \_\_\_\_\_

Environmental/Other \_\_\_\_\_

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

<b>Insurance Co:</b> _____ <b>Group #:</b> _____ <b>Benefit Verification Phone # (____)</b> _____
--

Mother's Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**General Permission & Release:**

**WATER PLAY (Summer Session Only)**

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

- Water Table Play
- Wading Pools
- Splashing Pools
- Sprinklers

**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 |

**FIELD TRIP/TRANSPORTATION RELEASE**

I hereby give consent for my child to attend any field trips which occur during the year Initial-\_\_\_\_\_yes \_\_\_\_\_no. Further, I also give permission for LOGLS to provide transportation for my child on field trips. Initial-\_\_\_\_\_yes \_\_\_\_\_no

**MEDICAL (\*\*must be notarized\*\*)**

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:\_\_\_\_\_

**LAMB OF GOD LUTHERAN CHURCH & SCHOOL**  
**Mother's Day Out Program**  
**EZ~EFT ENROLLMENT FORM & TUITION AGREEMENT**

*By signing this form you authorize us to draft your child's monthly tuition amount in advance of services for the upcoming month as well as any other fees incurred.*

**NAME OF CHILD:** \_\_\_\_\_

**Account Holder Information:**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Choose One:**

**Checking Account Transfer** (Please attach voided check)

**Savings Account Transfer**

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**Credit Card** (Mastercard or Visa) (Please attach a copy of your card)

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

Visa Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

MasterCard Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**Authorization:**

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

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Paperwork Entered \_\_\_\_\_ EFT Entered \_\_\_\_\_ Door Code \_\_\_\_\_



# Lamb of God Lutheran Church & School

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Humble, TX 77338

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Child's Name (Please Print): \_\_\_\_\_ Start Date: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Paid OR Draft \_\_\_\_\_

Class Assignment: \_\_\_\_\_ Tuition: \_\_\_\_\_

Tuition Discounts: Member 10% \_\_\_\_\_

Sibling 5% \_\_\_\_\_

Full Payment 5% \_\_\_\_\_

Educator/Police/Firefighter/EMT/Military 5% \_\_\_\_\_

Other \_\_\_\_\_

MONTHLY DRAFT: \_\_\_\_\_

## Registration/Tuition Rates and Policies

The **non-refundable** registration fee must be submitted in full with the application in order to hold a spot in a class. Tuition includes a morning snack and lunch. If your child requires baby food, formula or a specialized diet, you will need to provide this.

Tuition payments are the same regardless of illness, family vacations, or school holidays. A 5% discount will apply for tuition paid in full at the beginning of the session. A 5% discount will be applied for each additional sibling, discount relates to the lowest tuition amount. A 10% discount will be applied to all Lamb of God Church members (in good standing). Members of the armed services, peace officers, fire-fighters, EMT's and educators receive a 5% discount. All tuition payments must be remitted via EZ-EFT electronic bill payment monthly in advance of services rendered.

Late pick-ups will be charged \$1.00 per minute for each child after 2:40 p.m. Third time, fee increases to \$3.00. When an insufficient check is received, you **MUST** then make the payment by cash or money order. A student may not be admitted to class after three returns in one session. Students will not be admitted to class if tuition has not been paid or acceptable arrangements made for payment.

Re-admission for the following session will not be allowed for children of families who have unpaid balances on tuition and fees. We require a one-week written notice upon withdrawing a child from the program. If the next month's draft has already occurred, there will be no refund. Tuition, fees and schedules subject to change without notice.

I have read and agree to adhere to the 2011-2012

Registration/Tuition Rates and Policies.

*(See the LOG Parent handbook for the complete set of Registration Policies.)*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Lamb of God Lutheran Church & School**  
**Vision and Hearing Statement**

Texas state law requires us to have either of the following as part of your enrollment packet:

- Your child’s visual acuity and hearing/sweep check results

**OR**

- The completed statement below:

I, \_\_\_\_\_, confirm that my child \_\_\_\_\_ is current on both their state mandated vision and hearing records and that the records are on file at the pre-kindergarten program or school that my child normally attends. The name, address, and telephone number of the program/school are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



Connecting Children to Christ

## MDO SUPPLY LIST

### CLASS ONE

**Bring on the first day to MDO**

*One box of baby wipes, one re-fill for box, antibacterial wipes, a small bag of diapers*

**Bring each day with your child**

*Diaper bag with essentials for the day: change of clothes, pacifiers, blankies, bottles, food\*.*

### CLASS TWO

**Bring on the first day to MDO**

*One box of baby wipes, one re-fill for box, antibacterial wipes, a nap mat\*\* for nap time*

**Bring each day with your child**

*Diaper bag with essentials for the day: change of clothes, pacifiers, blankies, diapers*

### CLASS THREE

**Bring on the first day to MDO**

*One box of baby wipes, antibacterial wipes, a nap mat\*\* for resting*

**Bring each day with your child**

*Back pack with essentials for the day: pull-ups for the day if not potty-trained, change of clothes*

### CLASS FOUR (Must be Potty-Trained)

**Bring on the first day to MDO**

*A nap mat\*\* for resting, antibacterial wipes*

**Bring each day with your child**

*Back pack with essentials for the day: change of clothes*

*\*CLASS 1-4: Lunch and a morning snack will be provided daily. Menus are sent home each week and posted on the Lamb of God website. Students are welcome to bring their own lunch.*

*\*\*If you are unable to find a nap mat, they may be bought through MDO. Please see the MDO office for more information.*

**ALL CLASSES:** *Baby wipes are used for changing diapers and anti-bacterial wipes (“Wet Ones”) are used for wiping hands. The MDO caregivers will let you know when your child is running low on supplies. Class One has a microwave in their class and access to a refrigerator. Classes 2-4, please bring a cold lunch if you choose to bring lunch from home.*

Mother’s Day Out Program **Lamb of God Lutheran Church & School**

281-446-LAMB~ Jackie Rathgeber, Associate Director, MDO ~ Greg Toth, School Director ~  
1400 Bypass 1960 East, Humble, TX 77338 ~  
[www.lambofgod.net](http://www.lambofgod.net)

