

Thank you for your interest in Lamb of God Lutheran Church & School! Attached is an enrollment packet for 2011-2012. Before you meet with your Director to review in the enrollment packet, please make sure you have completed the following:

- Registration Form:** Please 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:** Please 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 may 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 have a notary on campus who will be happy to assist you with this.
- EFT Enrollment Form:** Please 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 may pay the registration fee by check or we can draft it from your EFT account. Registration fees are due in advance, before your child starts 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 starts 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. It is highly recommended you make an appointment for this purpose. Your child's spot is only reserved once all paperwork is complete and the registration fee is paid and accepted. You will receive notification once your child has been accepted.*



Lamb of God Lutheran Church & School

1400 FM 1960 East Bypass Humble, TX 77338

281-446-LAMB

Connecting Our Community to Christ

August 22, 2011

Welcome to Lamb of God Lutheran Church & School! We are so pleased that you are considering our school. 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.

At Lamb of God we offer programs that promote 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!

The Lamb of God Difference

Our goal is to provide opportunities for children to:

- Learn about Jesus as Lord and Savior
- Develop a healthy self concept
- Participate in activities that fulfill spiritual, intellectual and physical needs
- Excel academically and increase aptitude and readiness for future school work

Our teachers: as our teachers expect excellence from their students, Lamb of God expects excellence from its staff. We are blessed to have all experienced, Christian caregivers, with a degree holding or CDA certified teacher in the majority of classrooms during the preschool portion of each day. (With incentives provided for those teachers wishing to earn their CDA certification).

Classroom ratios: Our student-to-teacher ratios run 40-50% below the state required minimums.

All inclusive tuition: Weekly tuition at Lamb of God includes lunch and 2 snacks per day for all children (full care includes a light breakfast, as well). Wipes are included for infants, toddlers and twos.

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,

Greg Toth
School Director
greg@lambogod.net

Christine Guyotte
Associate Director
christine@lambogod.net

Rev. Mark Brunette
Senior Pastor

Rev. Dr. Duane Brunette
Asst. to Pastor

Lamb of God Lutheran Church & School

Registration Form 2011-2012

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 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? _____ How long does your child nap normally? _____

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 uses a 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 _____
 Food _____
 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

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: (Please initial each box you give consent for)

- Water Table Play
- Wading Pools
- Splashing Pools

PHOTOGRAPHIC RELEASE

I give my 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 which will only be distributed to enrolled students. Initial - _____ yes _____ no. I also give permission to add my family to the church mailing/email list for release of church information only. 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 (This 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
Early Childhood Center
EZ-EFT ENROLLMENT FORM

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

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: _____

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 checking,
Name of financial institution
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/Drafted _____ Check# _____ Receipt No. _____ Draft _____

Start Date: _____ Age Group: _____ FC PS 5D 3D 2D Room Assignment _____

Circle Discounts: Member Sibling Full Payment Teacher/Police/Fire/EMT/Military Employee

Paperwork Entered _____ Paperwork Complete _____ EFT Entered _____ Door Code _____



Lamb of God Lutheran Church & School

1400 FM 1960 East Bypass Humble, TX 77338

281-446-LAMB

Connecting Our Community to Christ

Tuition Agreement

Child's Name (Please Print): _____ Start Date: _____

Registration Fee: _____ Paid OR Draft _____

Class Assignment: _____ Weekly Tuition: _____

Tuition Discounts: Member 10% _____

Sibling 5% _____

Full Payment 5% _____

Educator/Police/Firefighter/EMT/Military 5% _____

Other _____

WEEKLY DRAFT: _____

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

Lamb of God 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