



Lamb of God Lutheran Church & School

1400 FM 1960 East Bypass Humble, TX 77338

281-446-LAMB

Connecting Our Community to Christ

July 2010

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 Fall Session consists of:

- Chapel-Library-Music (weekly)
- Snack & Lunch Provided
- Weekly Inspirational Lessons
- Crafts
- Weekly Basic Academics
- 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. We also provide, upon request: Enfamil Premium and Similac Advanced formula, baby food, cereals and snacks for infants.

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

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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 2010 Fall Session. Before you turn in the enrollment packet, please make sure you have completed the following:

- 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 a notary 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 up front, 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.
- 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, please turn in to your program's main office.
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 2010-2011

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
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_____

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:

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 (**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

Your child's tuition will automatically be drafted from your account on the first Friday of each month in advance of services for that month.

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# _____ Cash/ Receipt No. _____ Draft _____

Start Date: _____ Class: _____ Two Days Three Days Five Days

Circle Discounts: Member Sibling Employee Full Payment

Paperwork Entered _____ EFT Entered _____ Door Code _____

Lamb of God Lutheran Church & School

MDO Fall Session 2010

September 7, 2010 – December 10, 2010

Registration Fees: (Please circle what applies)
(NON-REFUNDABLE)

Two day program \$60.00
(Tu/Th)

Three day program \$80.00
(MWF)

Five day program \$140.00
(M-F)

Tuition Rates: (Please circle what applies)

Two day program \$160.00 per month (\$50.00 due in December)

Three day program \$200.00 per month (\$94.00 due in December)

Five day program \$360.00 per month (\$144.00 due in December)

- Tuition includes morning snack, lunch (formula & baby food for infants).
- No credits or make up days given for tuition.
- Tuition is drafted the 1st Friday every month. (Please see our Parent Handbook for more information.)
- Also, all paperwork must be completed and turned in by September 3rd or spot will be released.

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

Parent's Signature

Date