



Lamb of God Preschool Ministry shares the Grace of God with families by providing exceptional Christian education; in a loving environment centered on growing together in Jesus Christ.

New Student Enrollment

Lamb of God Preschool classes are center-based, which allows for active exploration and hand-on learning. Children are engaged in age-appropriate activities that allow for thinking skills, language, social, emotional, and sensory development. All classes include Chapel and worship time, Motor Lab and Music.

Brandy Simmons

Director

preshool@log.org
(972) 539-0055
(972) 539-8194 – fax

Kim MacDougall

Assistant Director

1401 Cross Timbers Road
Flower Mound TX 75028
log.org / preschool



Registration Instructions

- ❑ Complete and sign pages 1-5 and return to the Preschool office along with appropriate fees.
 - Page 1: Enrollment Information
 - Page 2: Liability Release
 - Page 3: Student Health Statement
 - Page 4: Tuition Express Authorization
 - Page 5: Texas Health and Human Services | Parent’s Rights
- ❑ Pages 6 and 7 should be completed by the child’s Physician and returned to the Preschool office prior to the first day of class.
 - Page 6: Physician’s Examination
 - Page 7: Allergy Action Plan and Permission for Medication Form

Registration is contingent upon availability. For questions, please contact us at (972) 539-0055 or preschool@log.org

CLASS OPTIONS 2024-25 SCHOOL YEAR	Annual Registration/ Supply Fee <i>Non-Refundable</i> Due at registration	Monthly Tuition Fee Due 1st of each month
Toddlers Must be 18 months of age by September 1 st		
MWF am 8:30 - 12:30	\$300	\$365
TTh am 8:30 - 12:30	\$300	\$255
2 Year Olds Must be 2 years of age by September 1 st		
MWF am 8:30 - 12:30	\$300	\$365
MWF Full Day 8:30 - 2:00	\$300	\$405
TTh am 8:30 - 12:30	\$300	\$255
TTh Full Day 8:30 - 2:00	\$300	\$335
3 Year Olds Must be 3 years of age by September 1 st		
MWF am 8:30 - 12:30	\$300	\$365
MWF Full Day 8:30 - 2:00	\$300	\$405
TTh am 8:30 - 12:30	\$300	\$255
TTh Full Day 8:30 - 2:00	\$300	\$335
M-F Full Day 8:30 - 2:00	\$300	\$510
Pre-Kindergarten Must be 4 years of age by September 1 st		
MWF Full Day 8:30 - 2:00	\$300	\$405
TWTh Full Day 8:30 - 2:00	\$300	\$405
M-F Full Day 8:30 - 2:00	\$300	\$510
Junior Kindergarten Must be 5 years of age by October 1 st and have completed Pre-K or have Director approval		
M-F Full Day 8:30 - 2:00	\$300	\$510
Summer Camp Must be 3 years of age by September 1 st		
June 10-13 Fun with Food	\$75	\$175
June 24-27 Under the Sea	\$75	\$175

- Annual Registration & Supply Fee is Non-Refundable and is due at the time of registration.
- First month tuition due at time of registration and is Non-Refundable.
- Monthly Tuition is due on the 1st of each month – October through May.
- Requests to change your enrollment/class may not be honored.
- Each class has a minimum enrollment requirement. Parents will be notified if a class does not meet the requirement.

LAMB OF GOD PRESCHOOL MINISTRY

Enrollment Information

Child's Full Name: _____ Preferred Name: _____

Child's Birth Date: _____ Gender: _____ Female _____ Male

Home Address: _____

Home Phone: _____

Parent & Family Information

Marital Status: _____ Married _____ Separated _____ Divorced _____ Single Parent _____ Widowed

Mother's Name: _____

Cell Phone: _____ Cell Phone Provider: _____ Email: _____

Employer: _____ Work Phone: _____

Does this person have permission to claim child at school? _____ Yes _____ No

Father's Name: _____

Cell Phone: _____ Cell Phone Provider: _____ Email: _____

Employer: _____ Work Phone: _____

Does this person have permission to claim child at school? _____ Yes _____ No

Family Religious Preference: _____ Home Church: _____

Primary Language spoken in home: _____

Names & Ages of Siblings: _____

What class option do you prefer? _____

How did you hear about us? _____

Emergency Contact Information

I give Lamb of God Early Childhood Ministry Preschool permission to release my child to and/or permission to contact the following people in case of an emergency.

Name: _____ Phone: _____ Relation to child: _____

Address: _____

Name: _____ Phone: _____ Relation to child: _____

Address: _____

Name: _____ Phone: _____ Relation to child: _____

Address: _____

I agree that all information listed above is honest and accurate as of the date listed below. **I understand the registration/supply fee and 1st month tuition are non-refundable.** Failure to pay fees may result in forfeiture of class placement. Each class has a student minimum enrollment requirement. Request to change enrollment or class is not guaranteed. I understand that the Parent Policy Handbook and School Calendar are both located on the preschool website at [log.org / preschool](http://log.org/preschool). Images of students may appear on the LOG preschool website or other sources. All students will be included in the Preschool Handbook/Directory.

Parent's Signature: _____ **Date:** _____

LAMB OF GOD LUTHERAN CHURCH PRESCHOOL MINISTRY

**LIABILITY RELEASE WITH PARENTAL CONSENT
FOR MEDICAL/EMERGENCY
TREATMENT AND TRANSPORTATION**

CHILD'S NAME _____ DATE OF BIRTH _____
ADDRESS _____ PHONE NUMBER _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all Preschool activities conducted by Lamb of God Lutheran Church Preschool Ministry and to the participation of the child in all events related to these activities.

The undersigned hereby further authorize(s) staff and employees of Lamb of God Lutheran Church Preschool Ministry to provide for, approve and authorize emergency health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, surgery, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either preschool personnel or if necessary, by ambulance or other emergency vehicle.

Notwithstanding other provisions in this consent form, Lamb of God Lutheran Church Preschool Ministry shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The Preschool is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the preschool and agree(s) to release, indemnify, defend and forever discharge Lamb of God Lutheran Church Preschool Ministry and its staff and employees of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect to death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the preschool.

Signature of Parent/Guardian: _____ Date: _____

LAMB OF GOD LUTHERAN CHURCH PRESCHOOL MINISTRY

Student Health Statement

(To be completed by parent)

Child's Full Name: _____ Preferred Name: _____

Child's Birth Date: _____ Gender: _____ Female _____ Male

List any allergies: _____

Does the allergy cause a reaction that requires medical attention? _____ No _____ Yes

If yes, you must complete an Allergy Action Plan and Permission for Medication Form

List any recent illness:

List any chronic illness/condition:

If child has been hospitalized in the past 12 month, please describe/explain:

Has your child travelled outside of the United States within the last 6 months? _____ No _____ Yes

If yes, you must provide Statement of Health and Well Being from a certified Physician.

List any conditions for which child may require special treatment:

Note: If medications are to be administered during school hours, and ***Allergy Action Plan and Permission for Medication Form*** must be filled out and on file in the school office. All medications ***must be*** in the original container and labeled for the listed child only.

Child's Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Authorization for Emergency Medical Care

In the event that the child named above requires emergency medical care and parents cannot be reached, I hereby authorize Lamb of God Preschool Ministry to secure such care as may be required at the nearest emergency medical facility.

Parent's Signature: _____ **Date:** _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize **Lamb of God Lutheran Church and Preschool** to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (No Debit Cards)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	Bank or Credit Union Address City State Zip
Routing Transit Number	Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date

For Official Use Only

Date Received
Employee Signature

A service of



Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

LAMB OF GOD LUTHERAN CHURCH PRESCHOOL MINISTRY

Physicians' Examination
(To be completed by physician)

Child's Name: _____

Date of Exam: _____ Birth Date: _____

Hearing Screening: _____ Vision Screening: _____
(Required by Text Dept. of State Health Services for children 4yrs. and up attending private or public school.)

Other Tests: _____

Allergies or Medical Conditions: _____

I have examined the child named above and find that he/she IS/IS NOT able to participate in a preschool program. I have examined the immunization record and attest that it is a true and accurate listing.

Physician's Signature: _____ Date: _____

Physician's Phone: _____

Physician's Address: _____

**Please attach a current copy of the
child's immunization record to this form.**

LAMB OF GOD LUTHERAN CHURCH PRESCHOOL MINISTRY

**Allergy Action Plan and
Permission for Medication Form**

(This form must be completed and returned to the Preschool office in order for any medication, including Epi-Pen, to be administered to your child.)

Child's Name: _____ Birth Date: _____

Allergy or Medical Condition:

Briefly describe what happens to your child during an allergic reaction:

Please explain treatment plan if your child develops an allergic reaction/medical condition:

- _____
- _____
- _____
- _____
- _____

I authorize Lamb of God Preschool Ministry to administer the medication listed below to my child:

Medication must be in its Original Container with Child's Name clearly noted on label.

Name of Medication: _____	Dosage: _____
Name of Medication: _____	Dosage: _____
Name of Medication: _____	Dosage: _____
Name of Medication: _____	Dosage: _____

I understand and agree that Lamb of God Preschool Ministry and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my child's Allergy Action Plan and Permission for Medication Form. I understand that the school and its employees will use reasonable care in doing so.

Signature of Parent: _____ **Date:** _____

Signature of Physician: _____ **Date:** _____