

Turn In at time of Registration

St. John Lutheran Preschool  
122 Cheyenne Mesa  
Hamilton, TX 76531  
(254) 386-3332



# St. John Lutheran Preschool & Kinder

Jesus said, "Let the little children come to me." Matthew 19:4

## Registration Form 2020-2021

### St. John Lutheran Preschool

122 Cheyenne Mesa Rd.  
Hamilton, TX 76531  
(254)386-3332

Welcome to St. John Lutheran Preschool!

Today's Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Preschool Class: Little Lambs (3's)    Mighty Lions (4's)    Kinder/Bridge

Registration Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

I understand that the non-refundable fee of \$75.00 (\$60.00 registration fee and \$15.00 curriculum fee) is due with this form to reserve a place for my child at St. John Lutheran Preschool for the 2020-2021 school year. By registering during early registration from March 17<sup>th</sup>, 2020 – May 30<sup>th</sup>, 2020, the registration fee is \$75.00; the registration fee is \$100.00 (\$85.00 registration fee and \$15.00 curriculum fee) after May 30<sup>th</sup>, 2020.

I also understand that payment will be due monthly or weekly to the preschool based on the program I select for my child. The payment schedule is found on the Tuition Agreement Form. I understand this as a policy and that there will be no exceptions. I will fill out the required forms so that my child will be able to attend school beginning August 2020. Class size is limited according to Texas Department of Family and Protective Services and/or staffing. Maximum class size will be determined by the Preschool Board and Director. Priority given to members of St. John Lutheran Church and St. Paul Lutheran Church in Aleman, TX may supersede waiting lists.

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



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Any other important information about the child and his/her living situation:

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Child lives with: \_\_\_ Both parents \_\_\_ Mom \_\_\_ Dad \_\_\_ Guardian

Does your child go to a daycare provider or grandparents during the day? (Yes/No) If yes, please give the name, address and phone number.

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Who will usually bring your child to school? \_\_\_\_\_

Who will usually pick your child up from school? \_\_\_\_\_

I hereby authorize the preschool facility to allow my child to leave the facility ONLY with the following people:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



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

## Getting to Know You...

Getting to know your child is very important to us! This will help us to create activities that are geared towards your child's interests, build meaningful relationships, and create an environment that is warm and welcoming. Please fill out this survey to help us get to know your child.

What is your whole name? \_\_\_\_\_

How old are you? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_

What kind of pets are they? \_\_\_\_\_

\_\_\_\_\_

What is something that you do well? \_\_\_\_\_

\_\_\_\_\_

How do you like to spend your free time? \_\_\_\_\_

\_\_\_\_\_

Do you have any fears? \_\_\_\_\_

What is a typical night's sleep like? \_\_\_\_\_

Who is your favorite person/people? \_\_\_\_\_

What is your favorite food? \_\_\_\_\_

What is your favorite book? \_\_\_\_\_

What is your favorite thing to do at school or what are you most interested in doing this year at school? \_\_\_\_\_

\_\_\_\_\_

Some of your other favorite things are... \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

## **Program Request Form 2020-2021**

### **The Basic Little Lamb (3's) Program includes:**

- 2 Half Days from 8:00 am-11:30am on Tues and Thurs. Drop off begins at 7:45am.

### **The Basic Mighty Lion (4's) Program includes:**

- 3 Half Days from 8:00am-11:30am on Mon, Wed and Fri. at 7:45am.

### **Kinder Program includes:**

- 5 Half Days from 7:45am-12:00PM on Mon, Tues, Wed, Thurs and Fri.

- Please select your base mornings (as seen on the pervious page) and then may add any additional full days or half days you plan to have your child enrolled.

-Any base program exceptions require approval from the Board of Directors.

<b>Days</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Morning</b> <b>LL/ML 8:00am-11:30am</b> <b>Kinder: 7:45am-12:00pm</b>					
<b>Afternoon</b> <b>LL/ML 11:30am-5:15pm</b> <b>Kinder: 12:00pm-5:15pm</b>					

I have selected the days I want my child to be enrolled. My tuition will be based on the days selected. Any changes to this enrollment plan should be submitted to the preschool in writing or via email to [stjohnlutheranpreschool@gmail.com](mailto:stjohnlutheranpreschool@gmail.com).



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

## **Tuition Agreement Form 2020-2021**

At the time of enrollment, all children will be designated as one of the following Tuition Options for SPECIFIC DAYS. Parents are responsible for paying tuition corresponding to their enrollment and the applicable policies designated below. Monthly payments are due the first of the month. Weekly payments are due on MONDAY. Daily payments are due on the day of service. More details are available in the Parent Handbook. If a parent would like to change the enrollment status of their child, a written request should be submitted to the Preschool Director.

<b>Tuition Options</b>	<b>Designed for</b>	<b>Cost</b>	
2 Half Days	<i>Little Lambs Tues/Thurs</i>	\$100 per month	
3 Half Days	<i>Little Lambs/Mighty Lions</i>	\$150 per month	
4 Half Days	<i>Little Lambs/Mighty Lions</i>	\$200 per month	
5 Half Days	<i>Little Lambs/Mighty Lions</i>	\$225 per month	
Kinder/Bridge	<i>Kindergarten OR Kinder/Bridge</i>	\$265 per month	
All Day Every Day	<i>All Students</i>	\$135 per week	
Kinder All Day Every Day	<i>Kindergarten OR Kinder/Bridge</i>	\$150 per week	
4 Full Days	<i>Little Lambs/Mighty Lions</i>	\$120 per week	
3 Full Days	<i>Little Lambs/Mighty Lions</i>	\$100 per Week	
2 Full Days	<i>Little Lambs/Mighty Lions</i>	\$70 per week	
Full Day Drop In	<i>Little Lambs/Mighty Lions</i>	\$30 per day	
1/2 Day Afternoon Drop in	<i>Little Lambs/Mighty Lions</i>	\$25 per day	
Kinder Drop In	<i>Kindergarten &amp; Bridge</i>	\$20 per day	

Based on the Program you have selected for your child, you will owe:

Amount: \_\_\_\_\_

Due: Weekly or Monthly

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**Monthly Payments**

All Monthly Tuition is due on the first school day at the beginning of the month. All tuition fees are due and payable by the 10th day of each month. If your payment is not made in full by that date, you will be billed a late charge of \$10.00. If fees are still unpaid by the close of business of the 15th day of the month, St. John Lutheran Preschool reserves the right to withdraw your child from the program.

**Weekly Payments**

All weekly tuition is due each Monday for the week you are beginning. A late fee of \$10.00 will be added to your account at 5:30 p.m. on Friday of the same week if the fee has not been paid. If fees are still unpaid by the close of business of Wednesday of the next week, your child will not be allowed to return to school.

St. John Lutheran Preschool is fully functional on weekdays in accordance with the Hamilton ISD school calendar with the exception of start and end dates. Although you may choose to keep your child at home some days, you must pay for the whole week, according to your child's enrollment status. All Day Every Day rates will be pro-rated for the days when the school is not open all week. A notice will be sent home to inform you of any upcoming pro-rated weeks.

A fourteen (14) day written notice is required for a child's withdrawal from the program. For weekly payment programs, children being withdrawn, parents are responsible for payment through the fourteen day period. In all cases, there will be no refunds for payments already received.

**Drop Ins**

All Drop-in fees are due on the day of service. Drop Ins are allowed on a reservation basis as room allows. Parents need to reserve their space ahead of time and never make an assumption that there is going to be room for your child on any given day. Drop In rates are set at the daily rate regardless of how many hours you choose to drop-off or pick-up your child.

**Payment**

All payments should be made at the preschool during school hours. All payments should be placed in the locked tuition box at the sign-in area. After your payment has been processed, a receipt will be placed in your child's folder.

Checks should be made payable to St. John Lutheran Preschool.

Cash payments should be enclosed in an envelope with the child's name and date paid.

**Returned checks**

If your check for tuition payment is returned, a \$30 fee will be charged to you. That fee must be paid immediately. If you have more than one check returned you may be put on a "cash" basis only for six months. If this problem continues, your child will not be allowed to return to school.

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I have read and understand the expectations for payment of tuition. I understand that by not abiding to the tuition payment policies may result in my child not being able to return to school.

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



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### **Enrollment Forms – COMPLETE AND RETURN**

*Please complete entire form, do not leave blanks. PRINT CLEARLY!*

<b>Childs Full Name</b> _____	Date of Birth _____
Childs Home Address _____	City, State, Zip _____
Childs Home Phone Number _____	Date of Admission _____

<b>Mothers Full Name</b> _____	<b>Fathers Full Name</b> _____
Mothers Home Phone Number _____	Fathers Home Phone Number _____
Mothers Work Phone Number _____	Fathers Work Phone Number _____
Mothers Cell Phone Number _____	Fathers Cell Phone Number _____
Mothers Address _____	Fathers Address _____
Mothers City, State, Zip _____	Fathers City, State, Zip _____
Mothers Email Address _____	Fathers Email Address _____
Place of Employment _____	Place of Employment _____

Is there a custody order on file with The State of Texas? (circle)    YES    NO    PENDING  
*\*If circled YES, a current copy of your court order MUST be attached*

**Emergency Contact and Authorization to pick up** *Please list 3 local individuals to contact in the event of an emergency*

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

**Permissions** *(please circle)*

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for *(please circle all that apply)*    Emergency Care    Field Trips    To and From School

I hereby give / do not give consent for my child to participate in field trips

I hereby give / do not give consent for my child to participate in water activities  
*(please circle all that apply)*    Sprinkler Play    Splashing/Wading Pools    Swimming Pool    Water Table Play

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

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

I understand that a morning snack and afternoon snack will be served.

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

**School Age Children** My child attends the following school (other than St. John Lutheran Preschool):

Name of School \_\_\_\_\_

Address, City, Zip, and Phone \_\_\_\_\_

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

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



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**Authorization for Emergency Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician \_\_\_\_\_ Emergency Medical Care Facility \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

Please list any **allergies** or illness that would conflict with emergency care of treatment:

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

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**Additional Information**

List any special problems that your child may have, such as **allergies**, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: If not applicable, initial here \_\_\_\_\_

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

Does your child have diagnosed food allergies? \_\_\_ YES \_\_\_ NO

If your child has been diagnosed by health-care professional with a known food allergy, a completed "Food Allergy Emergency Plan" must be on file prior to your child starting school. Plan Submitted on \_\_\_\_\_

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

**Photo Release**

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

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

**Lunch Release**

I understand if and when my child stays at St. John Lutheran Preschool through the lunch hour, either as a part of the All-Day-Everyday Program, or as a Drop-In Student, I am responsible for providing lunch for my child in a marked lunch box or bag. St. John Lutheran Preschool is not responsible for its nutritional value or for meeting the child's daily food needs.

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

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**Texas Department of Protective and Regulatory Services**

**Parent's Acknowledgement of Parent's Guide to Day Care**

This is to acknowledge that Tiffani Logan, Director at St. John Lutheran Preschool has provided me with A Parent's Guide to Day Care and has discussed its contents with me.



Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1. Child-care facilities must provide parents with a copy of "A Parent's Guide to Day-Care and review its contents with them.
2. Parents acknowledge receiving the Parent's Guide by signing and dating this form.
3. This acknowledgement is kept in the child's records as long as the child remains at the facility.

Note: Failure to provide parents with "A Parent's Guide to Day-Care", review its contents and obtain a signed receipt, is a violation of standard 2300.A., A Day Care Minimum Standards and Guidelines.

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Due at Open House on August 20th:

Physician's Statement

Shot Record

School Supplies

First tuition payment

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Turn In AFTER getting Health Care  
Professional's Signatures

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### Physician's Statement

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following MUST be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1. \_\_\_ Health Care Professional' Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

 Health Care Professional Signature \_\_\_\_\_ Date \_\_\_\_\_


Health Care Professional Name \_\_\_\_\_

Address of Health Care Professional \_\_\_\_\_

2. \_\_\_ A signed a dated copy of a health care professionals statement is attached.

3. \_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. \_\_\_ My child has been examined with the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care program.

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


Turn In AFTER getting Health Care  
 Professional's Signatures

**Vaccine Information**

Age Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mo	2-3 yrs	4-6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus Influenzae type B											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB Test (if required) *please circle*      Positive      Negative      Date \_\_\_\_\_

Signature or Stamp of a physician or public health personnel verifying immunization information above.

 Health Care Professional Signature \_\_\_\_\_ Date \_\_\_\_\_


*Complete ONLY IF Applicable*

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If you child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

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

*Complete ONLY if Applicable*

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

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