



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.

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log.org / preschool



Registration Instructions

- ❑ Complete and sign pages 1-4 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
- ❑ Pages 5 and 6 should be completed by the child's Physician and returned to the Preschool office prior to the first day of class.
 - Page 5: Physician's Examination
 - Page 6: 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 2022-23 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	\$275	\$345
TTh am 8:30 - 12:30	\$275	\$240
2 Year Olds Must be 2 years of age by September 1 st		
MWF am 8:30 - 12:30	\$275	\$345
MWF Full Day 8:30 - 2:00	\$275	\$385
TTh am 8:30 - 12:30	\$275	\$240
TTh Full Day 8:30 - 2:00	\$275	\$320
3 Year Olds Must be 3 years of age by September 1 st		
MWF am 8:30 - 12:30	\$275	\$345
MWF Full Day 8:30 - 2:00	\$275	\$385
TTh am 8:30 - 12:30	\$275	\$240
TTh Full Day 8:30 - 2:00	\$275	\$320
M-F Full Day 8:30 - 2:00	\$275	\$485
Pre-Kindergarten Must be 4 years of age by September 1 st		
MWF Full Day 8:30 - 2:00	\$275	\$385
TWTh Full Day 8:30 - 2:00	\$275	\$385
M-F Full Day 8:30 - 2:00	\$275	\$485
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	\$485

- 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:** _____

LAMB OF GOD LUTHERAN CHURCH PRESCHOOL MINISTRY



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

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 _____

Bank/Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number _____ Account Number _____

_____ Checking _____ Savings

Authorized Signature _____ Date _____

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:** _____