



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

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Assistant Director

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log.org / preschool



NLSA

National Lutheran  
School Accreditation

## 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

<b>CLASS OPTIONS 2023-24 SCHOOL YEAR</b>		<b>Annual Registration/ Supply Fee</b> <i>Non-Refundable</i> Due at registration	<b>Monthly Tuition Fee</b> Due 1 <sup>st</sup> of each month
<b>Toddlers</b> Must be 18 months of age by September 1 <sup>st</sup>			
MWF am	8:30 - 12:30	\$275	\$345
TTh am	8:30 - 12:30	\$275	\$240
<b>2 Year Olds</b> Must be 2 years of age by September 1 <sup>st</sup>			
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
<b>3 Year Olds</b> Must be 3 years of age by September 1 <sup>st</sup>			
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
<b>Pre-Kindergarten</b> Must be 4 years of age by September 1 <sup>st</sup>			
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
<b>Junior Kindergarten</b> Must be 5 years of age by October 1 <sup>st</sup> and have completed Pre-K or have Director approval			
M-F Full Day	8:30 - 2:00	\$300	\$485
<b>Summer Camp</b> Must be 3 years of age by September 1 <sup>st</sup>			
June 19-22, 2023 <b>S.T.E.A.M.</b>		\$75	\$175
June 26-29, 2023 <b>Beach Week</b>		\$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:** \_\_\_\_\_

**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**

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Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION B (Bank Account)**

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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:** \_\_\_\_\_