

ENROLLMENT APPLICATION
MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT
1801 West Plano Parkway, Plano, Texas 75075
Phone: (972)398-7560 Fax: (972)398-7598

Rev 2-2025

FOR OFFICE USE ONLY: First day of class: _____ Class: _____
 Days: _____ Hours: _____

CHILD: _____ Date of Birth: _____
Last Name First Name Middle Name MM/DD/YY
Name to be used in classroom: _____ Sex: (Circle one) Male Female
Address: _____
Street City Zip

How did you find out about our school? _____
Other schools or care facilities the child attended: _____

CHILD'S FAMILY

Parent Information:

Mother: _____	Father: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
e-mail: _____	e-mail: _____
Marital Status: Mar / Sep / Div / Wid / S	Marital Status: Mar / Sep / Div / Wid / S
Church: _____ Name / Location	Church: _____ Name / Location
Active Member (circle one)? YES NO	Active Member (circle one)? YES NO

Family Information:

Other children in family (names & D.O.B.): _____
If there has been a separation or divorce, with whom is the child living? _____
If the child is living with someone other than parents, please complete:
Name: _____ Relationship: _____ Phone: _____
Address: _____ Church Membership: _____

Additional Information: Please provide the name, address and phone number of the person to call in case of an emergency if parents / guardian cannot be reached. This person is allowed to transport my child. Yes No
NAME: _____
RELATIONSHIP: _____ PHONE NUMBER: _____
ADDRESS: _____

CHILD'S CHURCH AFFILIATION

Has the child been baptized/dedicated? _____ Date: _____ Church / Location: _____
Church Attendance: () Regularly () Occasionally () None
Sunday School Attendance: () Regularly () Occasionally () None
Which Church and/or Sunday School: _____

Signature – Parent or Legal Guardian Date

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:
Child's Name

Name, Address and Phone Number of local **Physician**:

AND / OR

Name, Address and Phone Number of local **Emergency Care Facility**:

I DO / DO NOT (please circle one) currently have medical insurance coverage for my child.

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

Signature – Parent or Legal Guardian: _____

HEALTH HISTORY

- Is your child toilet trained? NO YES _____
- Any existing illnesses? NO YES _____
- Previous serious illnesses? NO YES _____
- Previous serious injuries? NO YES _____
- Hospitalization in the past 12 months? NO YES _____
- Prescribed medications? NO YES _____
- Eczema diagnosis? NO YES _____
- Asthma diagnosis? NO YES _____

- Are you concerned about your child consuming any specific foods? Please list all foods and whether your child has an allergy (A), is intolerant (I), or it is your preference for them to avoid the food (P). **Also for all A's a Food Allergy Emergency Plan signed by a doctor is required.** _____

- Does your child have any of the following (please describe the reaction):

- Environmental Allergies? NO YES _____
- Insect Allergies? NO YES _____
- Other Allergies? NO YES _____

In order to help us in the care of your child, please list any concerns, special needs, disabilities, limitations or restrictions on activities, reasonable accommodations or modifications, and/or adaptive equipment your child might have, or any other circumstances of which the school should be aware, i.e. divorce, adoption of child or siblings, death in the family, etc.

Signature – Parent or Legal Guardian

Date

POLICIES AND PROCEDURES

Please read the paragraphs below and initial next to each

HANDBOOK

I have read and agree to the rules, regulations, and policies of Messiah Lambs Early Childhood Development, Inc. I have also read and agree with the policies set forth in the Messiah Lutheran Lambs Parent Handbook.

TUITION

I understand that the yearly registration/supply fee must accompany this application and is non-refundable. Tuition is due the first day of each school month beginning in August. A \$20 late charge is added if payment is received after the 10th. If payment is not received by the first of the following month, the child is subject to dismissal. I understand I am paying for my child's space at Messiah Lambs and my child's ability to attend due to illness or other reasons **will not alter tuition**. I will notify the school when my child will not be in attendance.

WITHDRAWAL FROM THE PROGRAM

If you wish to withdraw your child from our program before the end of the year, you need to provide written notice and return it to the office two weeks in advance of the child's last day. At this point you are responsible for at least two more weeks of tuition. If your child then re-enters our program the same school year, a \$50 re-enrollment fee applies. Any child not registered for the next school year by the last day of the current school year is automatically withdrawn from the program and is therefore subject to the \$50 re-enrollment fee as well. **Registration / Activity / Tuition fees are all non-refundable.**

TESTING

I understand that visual acuity and hearing sensitivity screening are required for children who are at least four years old by September 1st of the current school year. I understand that if my child has already been screened, I need to provide a copy of the doctor's report to the Lambs' office. I also understand that if my child enters Messiah Lambs after the annual screening has taken place, I am responsible for providing screening results for my child to the Lambs Office.

WALKS AND HIKES

My child has my permission to go on walks and / or hikes with Messiah Lutheran Lambs during the school year. I understand that all precautions will be taken to prevent any accidents and I do hereby release Messiah Lutheran Lambs, its agents, or employees, from any accident involving my child while on a walk or hike.

WATER ACTIVITIES

My child has my permission to participate in the following water activities: water table play, sprinkler play and / or splashing or wading pools.

ALLERGIES

Messiah Lambs has my permission to post any allergies listed in this file or on my child's health record. Additionally, if food allergens are listed on the Health Record, I understand that I have to provide an Emergency Plan for each allergen. The plan needs to be signed by a healthcare professional and lists possible symptoms if exposed to the allergen and steps to take if there is an allergic reaction.

Signature – Parent or Legal Guardian

Date

TRANSPORTATION

I hereby authorize Messiah Lambs to allow my child to leave the facility ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated below after verification of ID.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am concerned about the following individuals attempting to pick-up my child without my consent:

Signature – Parent or Legal Guardian

Date

Child's Name: _____

DISCIPLINE PROCEDURES FOR MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT INC.

We, the staff of Messiah Lutheran Lambs, are concerned about the growth and development of each of the children in our care. Children have the right to feel loved, to feel safe, and to be treated with respect by parents, teachers and their peers. We are concerned about the well-being of the class, the school, individual students, teachers and other adults.

If inappropriate behavior occurs – such as: hitting, kicking, biting, temper tantrums, foul language, disrespectful attitude towards teachers and other adults, we use the following steps as our guide.

1. Teacher talks with and redirects the student.
2. Student may be placed in a “chill-out” spot in the room.
3. Student may visit the director’s office for quiet time.
4. A conference may be set up between teacher, parent and / or director.
5. Parent may be called to pick up their child for the remainder of the day.
6. Parent may be called to pick up their child for temporary removal from school. At which time a brief parent / director conference may be held to determine the timing of the child’s return to school.
7. Parent may be called to pick up their child for removal from school permanently.

If a child does physical harm with serious bodily injury to others, this may warrant immediate dismissal from school.

Action taken depends on consultation with the Pastor and the Director of Early Childhood as stated in the Parent Handbook.

I have read and understand the above.

Signature – Parent or Legal Guardian

Date

DISCIPLINE AND GUIDANCE POLICY FOR MESSIAH LUTHERAN LAMBS EARLY CHILDHOOD DEVELOPMENT INC.

- ❖ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Grabbing or pulling a child;
 - (4) Putting anything in or on a child's mouth;
 - (5) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (6) Subjecting a child to harsh, abusive, or profane language;
 - (7) Placing a child in a locked or dark room, bathroom, or closet;
 - (8) Placing the child in a restrictive device for time out;
 - (9) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out; and
 - (10) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapter 746, Subchapter L, Discipline and Guidance

My signature verifies I have read and know where to view a copy of this discipline and guidance policy.

Signature – Parent or Legal Guardian

Date

MESSIAH LAMBS EARLY CHILDHOOD DEVELOPMENT, INC.
CONTRACT

Date of enrollment _____ Child's name _____

1. I will abide by the rules, regulations, and policies of Messiah Lambs Early Childhood Development, Inc. I have also read and agree with the policies set forth in the Messiah Lambs Parent's Handbook and the Discipline and Guidance Policies.
2. I hereby grant permission for:
 - a) My child to use all play equipment and participate in all school activities.
 - b) My child to leave the premises under the supervision of a staff member for neighborhood walks.
 - c) My child to be included in evaluations and pictures connected with the school program.
 - d) The Director or acting Director to take whatever steps may be necessary to obtain medical care if warranted. These steps may include but are not limited to the following:
 - I. Attempt to contact a parent or guardian
 - II. Attempt to contact the child's physician
 - III. Attempt to contact a parent / guardian through any of the Emergency Contacts listed in the Enrollment Application
 - IV. If we cannot contact a parent / guardian or the child's physician, we will do any or all of the following: call paramedics, call another physician, call an ambulance, or have a staff member take the child to the hospital

NOTE: - Any expenses incurred will be borne by the child's family.
- The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
3. I understand the registration fee is payable at the time of registration and is NON-REFUNDABLE.
4. I understand I am paying for my child's space at Messiah Lambs and my child's ability to attend due to illness or other reasons will not alter tuition. I will notify the school when my child will not be in attendance.
5. Parents will be informed of policy changes by a note sent home two weeks before the change takes effect.

Signature – Parent or Legal Guardian

Date

Child's Name: _____

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Parents Rights Form

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

1. Enter and examine the center during its hours of operation without advance notice;
2. File a complaint against the center;
3. Review the center's publicly accessible records;
4. Review the center's written records concerning the parent's child;
5. Receive from the center:
 - a. HHSC's inspection reports for the center; and
 - b. Information regarding how to access the center's compliance history online;
6. Have the center comply with a valid court order signed by a judge that prevents another parent from visiting or removing the parent's child from the center;
7. Be provided with contact information for Child Care Regulation, including the department's name, address, and telephone number;
8. View any video recordings of an alleged incident of abuse or neglect involving the parent's child maintained by the center as long as:
 - a. Video recordings of the alleged incident are available;
 - b. The parent is not allowed to retain any portion of the video depicting a child who is not the parent's child; and
 - c. The center notifies in writing the parent of any other child captured in the video recording, before allowing the parent to inspect the video recording;
9. Obtain a copy of the center's policies and procedures;
10. Review, upon request of the parent, the
 - a. Staff training records; and
 - b. In-house training curriculum, in any; and
11. Be free from any retaliatory action by your center for exercising any of the parent's rights.

Resources:

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

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

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

Signature – Parent or Legal Guardian

Date