UPDATE to the ENROLLMENT AGREEMENT
Returning students for the 2026-2027 School Year

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

Rev 6-2026

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: _____ Primary Contact #: _____

Address: _____
Street City Zip

CHILD'S FAMILY

Parent Information:

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

Father: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Occupation: _____
Employer: _____
e-mail: _____
Marital Status: Mar / Sep / Div / Wid / S
Church: _____
Name / Location
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.

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

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.

NAME	RELATIONSHIP	PHONE NUMBER

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

POLICIES AND PROCEDURES

Please initial each entry and sign at the end

HANDBOOK _____

I have read and agree to the rules, regulations, and policies of Messiah Lambs Early Childhood Development, Inc listed within this Enrollment Agreement and within the Messiah Lutheran Lambs Parent Handbook.

TUITION _____

I understand that the yearly registration fee must accompany this application 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.

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 must 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