

Date Issued: _____
Office Initials: _____
Classroom: _____

**Lord of Life Lutheran
Child Development Center
Enrollment Packet**

Child's Name: _____ Enrollment Date: _____

Parent/Guardian: _____ Relationship: _____

FEES: \$50.00/one child or \$85.00/family
Registration first child additional child \$ _____

FULL YEAR PROGRAM

<input type="checkbox"/> Drop in care (with availability in classroom)	\$50.00/day	\$ _____
<input type="checkbox"/> Infants: age 6 weeks through 11 months	\$190.00/wk	\$ _____
<input type="checkbox"/> Toddlers: 12 months to 24 months	\$155.00/wk	\$ _____
<input type="checkbox"/> Two year old class	\$155.00/wk	\$ _____
<input type="checkbox"/> Three year old class	\$145.00/wk	\$ _____
<input type="checkbox"/> Pre-Kinder: age 4 & 5 year olds	\$145.00/wk	\$ _____

DISCOUNTS: 10% off family of 2 or more
10% off current military (must show ID at time of enrollment)
20% off for church members

Hours: Lord of Life Child Development Center is open Mon-Fri 6:00 A.M. to 6:00 P.M.

EXTENDED CARE FOR PUBLIC SCHOOL STUDENTS

<input type="checkbox"/> After-school care with transportation	\$90.00/wk	\$ _____
<input type="checkbox"/> Drop in care: Additional School Holiday Charge	\$15.00	\$ _____
<input type="checkbox"/> Summer Vacation (includes all field trip fees)	\$160.00/wk	\$ _____

TOTAL AMOUNT DUE UPON REGISTRATION: \$ _____

I have read and understand the Parent Handbook regarding late payment fees, delinquent accounts, late pick up fees, holidays and vacations. I am aware that my tuition is reserving a place for my child in enrollment and is not charged according to actual attendance. I am also aware that if my child is withdrawn from the center for any reason and I wish to re-enroll at a later date, I will be required to pay another registration fee.

Signature _____
Parent/Guardian

_____ Date

Lord of Life Lutheran Church Center for Child Development

Enrollment Information

Today's Date: _____

Admission Date: ___/___/___ Withdrawal Date: ___/___/___

Family Information:

Child's Full Name:	
Birthdate: ___/___/___	Age: Yr. ___ Mo. ___ Gender: ___ Male ___ Female
Child's Home Address:	City:
State:	Zip: Phone: ()
Days and hours child will be in care: _M_T_W_TH_FR Hours: _____	
Meals to be provided while child is in care: __Breakfast __Lunch __P.M. Snack	
<i>*(Please check all that will apply)*</i>	

*Parent/Guardian

Parent/Guardian Name:	
Home Address:	City:
Zip:	Home Phone: () Cell Phone:
Place of Employment:	Work hours:
Business Phone:	Email Address:

**Parent/Guardian

Parent/Guardian Name:	
Home Address:	City:
Zip:	Home Phone: () Cell Phone:
Place of Employment:	Work hours:
Business Phone:	Email Address:

Signature-Parent/Guardian

Date

**Registration & Tuition Agreement/Guidelines
For Lord of Life Lutheran Center for Child Development**

Tuition is billed every Monday. Parent/Guardian will pay as follows: (Please specify below)

___ Weekly (___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri)

___ Bi-Weekly (___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri)

___ Monthly (payment must be paid on the 1st of the month in **advance** for that month)

***Tuition is billed through our BrightWheel App. Payment is made with the App. Only cash/check payments can be made in the office.**

1. A **late fee** of \$20.00 will be charged to your account if payment is not received when specified above **unless** other payment arrangements have been made with the office. Please communicate with us, not avoid us.....
2. Registration Fee of \$50.00 is **due at the time of enrollment**. Registration fee is **non-refundable** and is due annually. Enrollment Packets are required to be updated annually. This paperwork must be completed and returned on the date specified or your child will **NOT** be accepted until the paperwork is turned in. If another packet is needed, there will be a \$10.00 fee.
3. A copy of your child's shot record, a well child note and any food allergy form from your child's doctor **MUST** be on file at time of enrollment. **THESE ARE STATE REQUIREMENTS.**
4. Vacation Credit can be used after nine months of enrollment. Please notify the office **two weeks in advance** to specify which week your child will not be here at the Center. Vacation Credit will **NOT** be given if the office is not made aware in advance.
5. The Center **opens** at 6:00 A.M. and **closes** at 6:00 P.M., Monday – Friday. Please be prompt when picking up your child. If you are running late, please call the Center to let us know. There will be a \$1.00 a minute charge for the first 10 minutes that you are late. After 6:10 P.M., the charge will go up to \$5.00 a minute. **Payment is due by 6:00 P.M. the next business day or your child will not be accepted the day after.**
6. All children coming into the Center **must** be signed **IN/OUT** by an adult **EVERYDAY**. **This is a State Requirement.**
7. **Please have your child here no later than 9:00 A.M. This is our cut-off time.** If your child has a dr.'s appointment and won't be here until after this time, you **MUST** call the office to let us know what time your child will be arriving. We will need to see a dr.'s note. If there is no phone call and no note, your child will **NOT** be accepted into the Center for the day.
8. Please respect the handicap parking spaces out front. Also, when dropping off and picking up your child, please do not leave your vehicle running. Turn your vehicle off and lock the door. Lord of Life is **not** responsible for theft/damages that can incur to any vehicle in the parking lot.
9. A child who is ill with fever, vomiting, diarrhea, etc. should be kept at home. If your child becomes ill at the Center, the parent/guardian will be contacted. Sick children **MUST** be picked up from the Center within 1 hour of being called. **Sick children cannot return to the Center until they are symptom free for 24 hours. This is a State Requirement.**
10. Children's jackets, sweaters, gloves, hats and blankets must be labeled with your child's name. Unlabeled items that are found will be placed in our Lost and Found tub located by the office.
11. No toys are to be brought into the Center from home. If your child brings in a toy, it will be taken to the office and returned to the parent/guardian when the child is picked up.
12. No outside food may be brought into the Center. Meals are served at designated times: **Breakfast** 8:00 A.M. – 8:30 A.M., **Lunch** 11:00 A.M. – 11:30 A.M., **Afternoon Snack** 2:00 P.M. – 2:30 P.M. If your child is not present during these times, it is the parent's responsibility to feed their child.
13. Communication is important. If your child will be absent, please give us a call to let us know. Please read all notices that are posted on the entrance door and near or in your child's classroom and also on our BrightWheel App. Holiday closure signs are always posted on the entrance door 2 weeks in advance of the holiday to give the parent/guardian enough notice in a timely manner. Remember, if you don't see a closure sign, then we will be open.

****I have read the above and by signing below, I understand and will abide by the Registration & Tuition Agreement/Guidelines for Lord of Life Lutheran Center for Child Development.***

Parent/Guardian Signature

Date

Office Staff Signature

Date

Please provide another responsible individual (relative or friend) to call in case of an emergency if parents/guardian cannot be reached. This person must be someone close by (not out of the area).

<u>Name:</u> _____	<u>Home Phone:</u> _____	<u>Work/Cell#:</u> _____	<u>Relationship to child:</u> _____
<u>Address:</u> _____			
<u>City, State:</u> _____			

Please provide the names and telephone numbers of the persons authorized to Pick-Up your child, including the names of the Parents/Guardians: (Additional names can be added on the back). **NOTE: We will NOT allow your child to leave this facility with anyone whose name is not on this form without the consent of the parent/guardian.**

Name	Home phone #	Work#/Cell#	Relationship to child

*We reserve the right to check the identification of any person picking up a child from this facility. **PLEASE BRING PERSONAL IDENTIFICATION.**

If parents are separated or divorced, who has custody of this child?

_____ (Name)

PLEASE NOTE: If one parent has limited visitation, a copy of the court order stating days and times that the non-custodial parent can have the child **MUST BE ON FILE**. Under what conditions should your child be released to the non-custodial parent?

(Please check one:) _____ anytime _____ only with phone call or note

Other: (explain): _____

Consent: Check all that apply:

- Transportation:** I hereby ___(give)___(do not give) my consent for my child to be transported by facility's staff to and from public school.
- Water Activities:** I hereby ___(give)___(do not give) my consent for my child to participate in water activities that may include sprinklers, misters and wading pools.
- Field Trips:** I hereby ___(give)___(do not give) my consent for my child to be transported and supervised by facility's staff to and from the facility on scheduled field trips.
- Pictures:** I hereby ___(give)___(do not give) my consent for my child to be photographed (individual or group) in the classroom, at class parties or on field trips; to be used in the classroom, on the website, for holiday projects or for home.
- Pool:** I hereby ___(give)___(do not give) my consent for my child to participate in swimming at an off-site community pool.
- Nature Walks:** I hereby ___(give)___(do not give) my consent for my child to participate in outside nature walks around the outside center premises.

Signature-Parent/Guardian

Date

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies: ___ Yes ___ No

A Doctor's note is needed at the time of enrollment for any food allergy

If yes, please list:

Plan submitted on: _____ (office use only)

Child day care operations are public accommodations under the American with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature of Parent or Legal Guardian

Date

RECEIPT OF WRITTEN OPERATIONAL POLICIES

PLEASE CHECK ALL THAT APPLY:

I acknowledge receipt of the facility's operational policies, including those for:

- Discipline and guidance**
- Suspension and expulsion**
- Emergency plans**
- Procedures for conducting health checks**
- Safe sleep**
- Procedures for parents to discuss concerns with the director**
- Procedures for parents to participate in operation activities**
- Procedures for release of children**
- Illness and exclusion criteria**
- Procedures for dispensing medications**
- Immunization requirements for children**
- Meal and food service practices**
- Procedures to visit the center without securing prior approval**
- Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website**

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>

Signature of 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
Lord of Life Lutheran Center for Child Development
to take my child to:

Child's Name: _____

Name of Physician:	Address:	Phone Number:
Name of Hospital or Emergency Care Facility:	Address:	Phone Number:

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

Signature of Parent or Legal Guardian

Date

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

ride a bus, and/or

walk to and from school,

be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: 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.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. A signed and dated copy of a health care professional's 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 within 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 will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

VISION		R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____		
HEARING		1000 Hz	2000 Hz	4000 Hz
R				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
L				
SIGNATURE _____		DATE _____		

Signature - Parent or Legal Guardian

Date

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:

Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	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)	<input type="checkbox"/> Positive		<input type="checkbox"/> Negative		Date:						

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

Signature

Date

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

Parent's signature

Date

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.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian

Date

Discipline and Guidance Policy for

Lord of Life CDC

Name of Operation

- ◆ 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) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;
 and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature _____

Date _____

Check one please:

- parent
 employee/caregiver
 household member of child-care home

Problem Resolution:

**For Parents and all Visitors at
Lord of Life Lutheran Center for Child Development**

When the need arises to resolve any problem.....

I encourage you to address the matter with the individual causing the situation, if this action does not resolve the problem. At this point, I encourage you to do the following.

Submit in writing to the Director, April Naseer, a request to resolve the problem.

The Director will respond within 5 working days.

If that does not resolve the problem, submit in writing to the Church President and Vice President for assistance.

Response will be received within 5 working days.

If this action does not resolve the problem, then submit in writing to the Church Council.

The decision of the Church Council will be final.