



5810 3rd St. Katy, Texas 77493 (281) 391-0172 – Fax (281) 391-7579 www.mlckaty.com

Child's name: _____ Date of birth (mm/dd/year): ____/____/____

Welcome to Memorial Lutheran Preschool!

It is our mission to support, encourage, and connect families to Jesus by providing a foundation of Christ-centered academic learning, equipping them to be His witnesses and make disciples wherever they go.

The attached forms must be filled out by a parent/guardian and returned to the school office via physical drop off, mail, or scan and email (no photos of forms will be accepted) by **June 17, 2021**. It is of the utmost importance that you carefully and completely fill out every form.

**Drop off at the school office on 4th Street: Tuesday, Wednesday, or Thursday June 8,9,10 and 15,16,17 from 9am to 12pm only. Otherwise, forms must be sent via mail or scanned and emailed to psadmin@mlckaty.com (no photos of documents accepted).*

- Admission Information: *must have complete contact information for at least 1 emergency contact (required by Texas Child Care Licensing)*
- Getting to Know You- this form goes to your child's teachers to give them some background info
- Pictures and Information Authorization
- Parent Handbook Acknowledgement
- General Authorization and Release
- Financial Agreement
- Physician forms:
 - Physician's Statement
 - Food Allergy Emergency Plan
 - Copy of your child's current Immunization Records
 - Four- and five-year-olds: copy of your Child's Hearing and Vision Screening Results **NOTE: Texas Child Care Licensing requires all four and five-year-olds have hearing and vision screening results on file by December 2021.**
- Tuition Express Form

*Reminder: a non-refundable tuition deposit equal to one month's tuition payment is due by July 1 (if registering for a 4's program, the non-refundable \$25 curriculum fee is due with tuition deposit). This payment will be billed through Tuition Express using the form in this packet OR may be paid with a check. This payment may only be applied to May 2022.

If you have questions, please call the school office, or send an email. We will get back to you as soon as possible. Thank you for joining us in this journey!

Amy Daniel
Director
Memorial Lutheran Preschool



Admission Information

This information is required by Texas Child Care Licensing. Fill in all blanks.

Child's Full Name: _____		Name used: _____	
Birth date: _____		Sex: _____	
Address: _____		City: _____ Zip Code: _____	
Child Lives With: _____		Name of Person Completing Form: _____	

Father's/Guardian Name: _____		Address: _____	
Father's Email: _____			
Father's Occupation: _____		Cell Phone: _____ Work Phone: _____	
Mother's/Guardian Name: _____		Address: _____	
Mother's Email: _____			
Mother's Occupation: _____		Cell Phone: _____ Work Phone: _____	

Emergency Contacts and Authorized Pick-up *One complete contact required* *Additional contacts optional.*

I authorize Memorial Lutheran Preschool to contact the individuals marked "Emergency Contact" in case of emergency if parents cannot be reached. I authorize Memorial Lutheran Preschool to release my child to the following individuals marked "Permission to Pick Up."

* Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
Driver's License: _____	Driver's License: _____	Driver's License: _____
Emergency contact <input type="checkbox"/>	Emergency contact <input type="checkbox"/>	Emergency contact <input type="checkbox"/>
Permission to pick up <input type="checkbox"/>	Permission to pick up <input type="checkbox"/>	Permission to pick up <input type="checkbox"/>

Permission to Receive Emergency Medical Care:

If I cannot be reached, I hereby grant permission for the Director or person in charge to take whatever steps may be necessary to obtain emergency medical care and/or arrange transportation for my child to the following:

Name of Hospital	Address	Phone #
_____	_____	_____
Name of Physician	Address	Phone #
_____	_____	_____
Signature of Parent or Legal Guardian	Date	
_____	_____	



Getting to Know You

Child's Full Name: _____ Birth date: _____

Primary Language Spoken at home: _____

Race: ___ American Indian or Alaskan Native ___ Asian ___ Black ___ Hispanic ___ White ___ Other

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Parents: Together _____ Separated _____ Divorced _____ Custody paperwork? _____

Family Religious Preference _____ Current Church Affiliation _____

Baptized? _____ If yes, date: _____ *(We would like to celebrate your child's baptism birthday)*

What opportunities does your child have to interact with other children his/her own age? _____

What has been your child's previous preschool experience? _____

Is your child toilet trained? ___ Yes ___ No

Does your child need assistance with toileting? ___ Yes ___ No

Any tips or special verbiage used in the home to assist in toileting? _____

Does your child play well with peers? _____

Favorite Playthings: _____ Pets: _____

How does your child react to correction? _____

Does your child have any special fears? _____

When your child gets upset, what helps him/her calm down? _____

Have there been any recent changes in the family? (i.e., birth, death, divorce, etc). Any additional information that will help us to plan the best learning environment for your child? Please use an additional sheet if you need more space.

Does your child have difficulty with any of the following: speech ___ hearing ___ vision ___ other ___

Does your child receive services for any of the above? Please explain. _____

How did you find out about our school? _____

What made you decide to enroll your child at MLP? _____

Any additional information you would like your child's teacher to know: _____

Signature of Parent/Guardian: _____

Date: _____



Pictures and Information Authorization

Our teachers take photos of the students for use in scrapbooks/ photo books and possible slideshows shown at school functions.

I give Memorial Lutheran Preschool permission to use my child's photograph.

**By selecting "No," your child will not receive a photo book and will be removed from the group for group photos.*

_____ Yes _____ No

I give Memorial Lutheran Preschool permission to share my child's information with his/her classmates only as listed below:

Yes No

_____ Name

_____ Parent's email address: _____

Parent Name

Parent Signature

Date

Child's name

Text Authorization (optional)

Memorial Lutheran Preschool will be using a new feature in our software allowing text blasts. By providing your cell phone number and provider below, you choose to opt-in to these informational text blasts.

Parent phone numbers who wish to receive MLP informational texts:

(_____) _____ - _____ cell provider _____

(_____) _____ - _____ cell provider _____

Parent signature: _____

Volunteer Form (optional)

I would like to help with:

_____ Class reader

_____ Class parties

_____ Assist teacher by completing work at home (cutting, coloring, counting supplies etc.)

_____ Assist with monthly treats for staff (set up, provide food for breakfast, snacks, lunch, etc.)

_____ Assist with Fall Fundraiser

_____ Assist with Spring Fling (acquiring silent auction donations, assembling auction baskets, etc.)

_____ I have a special skill or great idea to share: _____



Parent Handbook Acknowledgement

I acknowledge receipt of the digital version of the 2021-2022 Parent Handbook from the preschool website (www.mlckaty.com/preschool), have read it and will abide by its policies. I understand that I will be notified of any changes in policies or procedures.

*One acknowledgement is required on file for each child.

Child's name

Parent's name

Parent's signature

Date



General Authorization and Release

I, _____ (name), parent/guardian of _____ (child's name) understand that my child's participation with or attendance at Memorial Lutheran Preschool (the "School"), will expose my child to inherent risks, and that regardless of the precautions taken by the School, illness and/or injury may occur.

In consideration of my child's enrollment in the School, I hereby release, waive, discharge, and covenant not to sue and agree to indemnify, defend and hold harmless for any and all purposes, Memorial Lutheran Church (the "Church"), the School, and each of the School and Church's Board of Directors and its officers, servants, agents, volunteers or employees (the "Releasees") from ANY AND ALL LIABILITIES, CLAIMS, DEMANDS OR INJURY INCLUDING DEATH that may be sustained by my child while participating in such activity or while on the premises that are owned, leased or controlled by Releasees, including travel to and from Field Trips (as described in Section II).

I acknowledge that the school may undertake some strenuous physical activities, and I voluntarily choose to allow my child to participate in such activities. I know of no medical reason why my child should not participate. I voluntarily assume full responsibility for notifying the School should my child be unable to participate in the day-to-day activities (including physical activities) provided by the School.

I understand that Releasees may not maintain any insurance policy covering any circumstance arising from my child's participation in School activities. As such, I am aware that I should review my child's personal insurance coverage.

It is my express intent that this General Authorization and Release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the State of Texas.

I understand and agree that Releasees cannot be expected to control all the risks articulated in this form, but Releasees may need to respond to accidents and potential emergency situations. I hereby provide my express consent for any medical treatment that may be required to stabilize my child with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify, defend, and hold harmless Releasees for any costs incurred to treat my child, even if a Releasee has signed hospital documentation promising to pay for the treatment due to my absence or inability to sign such documentation.

I understand and agree that it is my responsibility to plan for drop off and pick up of my child at the times communicated by the School. I agree that I will promptly pick up my child and drop my child off in accordance with the School's policies and that I shall not allow my child to be on the School's grounds before or after school without supervision.

Memorial Lutheran Preschool strives to be a peanut and nut free campus. I agree to only send products that are peanut and nut free for my child's snack and/or lunch. I will promptly notify the school of any diagnosed food allergies that my child may have. I acknowledge that parents will provide a snack for their child daily. I understand that the school will examine such snacks, but the school cannot be held responsible or liable for the contents of any snack brought into the classroom. Furthermore, if my child stays for lunch, I agree to provide lunch from home. I understand and agree that Memorial Lutheran Preschool is not responsible for the nutritional value of snacks and/or lunch or for meeting the child's daily food needs.

I agree that it is my responsibility to remain informed of the activities, projects and curriculum in my child's classroom, and to plan accordingly to have my child adequately prepared for school activities including providing for my child's proper attire or removing my child from the classroom (without disruption of the class) if I do not want my child to participate any certain activity.

In signing this Authorization and Release, I acknowledge that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing Authorization and Release have been made to me. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am at least eighteen (18) years of age and am otherwise competent to execute this agreement. I consent to the information in my child's registration and enrollment packet being shared with Employees, Directors and Staff of the School.

Signature of Parent/Guardian: _____

Date: _____



Financial Agreement

By signing, you acknowledge acceptance of the following terms of this agreement:

1. Our annual tuition is divided into ten equal monthly payments beginning with the non-refundable tuition deposit due by July 1 (or an agreed upon date if enrolling after July 1). This payment is non-refundable and may be applied to May 2022 tuition only.
2. There will be no reduction in tuition for child absences, holidays, or school closures.
3. I understand that the \$195 Registration Fee per child is non-refundable.
4. Tuition payments are due the 1st of each month and late after the 10th. A \$25 late fee will be assessed for all late payments.
5. A \$40 fee will be assessed for payments resulting in insufficient funds/ returned checks.
6. If tuition is not paid in full by the 15th of the month, your student will not be permitted to return to school.
7. Late pick-up fees: a charge of \$1 per minute will be assessed after the designated pick-up time.
8. All paid tuition and fees, including registration and deposits, are non-refundable.
9. Changing your child's program may require an additional tuition deposit.
10. Payments may be made via Tuition Express (MasterCard, Visa or ACH bank draft) or check.

Full financial details are available in the Parent Handbook.

By signing the financial agreement, all parties agree to the above terms and policies.

Student name

Parent signature

Date

PHYSICIAN'S STATEMENT
2021-2022 School Year

Child's Name: _____

Circle: Male or Female Date of Birth: _____

List any known medical conditions: _____

List any known allergies (*food, seasonal, medication, insects, etc): _____

**Any known food allergy requires a Food Allergy Action Plan be completed by the physician.*

Current medications prescribed for continuous, long-term use: _____

Has this child been hospitalized in the last 12 months? _____ Reason: _____

Has this child ever had seizures? _____ When? _____ Frequency? _____

Parent Signature

Date

Attach a copy of the child's current immunization record.

Immunization records must be validated by a physician or other health-care professional with a signature or rubber stamp and include the child's name and birthday, number of doses and vaccine type, and month, day and year the vaccine was received.

*It is MLP's policy not to accept Texas Immunization Exemptions.

4 and 5 Year-olds: Attach hearing and vision testing results (must be on file at the school by Dec 2021)

TO BE COMPLETED BY PHYSICIAN'S OFFICE:

This child has been enrolled in Memorial Lutheran Preschool. Our activities include both quiet and vigorous indoor and outdoor play on various climbing equipment. Is this child able to participate in such activities?

YES NO (Please circle one)

Physician's Signature: _____

Date: _____

Physician's Name: _____

Address _____

Telephone _____



Food Allergy Emergency Plan

Child's Name: _____ Date of Birth: _____

Doctor: _____

Address: _____

Phone: _____ Fax: _____

*If you listed **any** Food Allergies on the Medical History form, this plan **must be completed, signed and dated** by your child's Health Care Professional.*

_____ **No known food allergies.** *(If no known food allergies, physician signature NOT required; Parent signature IS required)*

Food child is allergic to	Possible Symptoms if child is exposed to this food	Steps to take if child has an allergic reaction

By signing below, the parent or guardian of this child gives Memorial Lutheran Preschool permission to post the child's food allergy in any area where food is served or prepared.

Dr. Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Preschool Director Signature: _____ Date: _____

***Note to parent:** any medications listed in action plan will need to be brought to the school office. An "Authorization to Dispense Medication" form must be filled out.

Office use only: _____ teacher copy _____ posted in classroom



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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 (business name) _____ 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 (Credit Card) *We only accept MasterCard or Visa.*

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 Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

Authorized Signature	Date
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For Official Use Only

Date Received
Employee Signature



A service of

