Application for Admission

Faith Lutheran Preschool

FAITH LUTHERAN
SCHOOL

800 Brooks Street
Sugar Land, Texas 77478
(281) 242-4453
Fax (281) 242-8749
www.faithlutheranschool.org

Application To Do List

Make an appointment for an interview with the Preschool Assistant Administrator.

When a student is accepted:
The following must be submitted to the office before student is allowed to attend classes:

- A **non-refundable registration fee (see fee schedule).** A discounted registration fee is offered for early registration.
- **Immunization Records** (or a Medical/Health Information form signed by your child's physician).
- **Birth Certificate** (copy)
- **Medical/Health Information Form** with ***Doctor's Signature and date of most recent well-child exam***.
- **New Student Application Forms** ***(complete on-line, print, sign and bring to school office)***
- ***Simply Giving* Member Enrollment and Authorization Form** with voided check (or tuition payment) submitted to school office ***(complete on-line, print, sign and bring to school office).***

Required immunizations may be found at: www.dshs.state.tx.us

NOTICE OF NON-DISRIMINATORY POLICY

Faith Lutheran School does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship programs, athletic and other school administered programs.

FAITH LUTHERAN PRESCHOOL NEW STUDENT APPLICATION

APPLICATION FOR _____ **CLASS**

Applying for entrance on _____**(Date)**

Student's Full Name

_____

Student prefers to be called: _____

☐ **Male** ☐ **Female** **Date of Birth:** _____

Social Security Number: _____

FOR OFFICE USE ONLY

Date Registered _____ **REG. FEE**:
$_____ Check #_____
$_____ Cash Receipt #_____
TUITION:
$_____ Check #_____
$_____ Cash Receipt #_____

Application Form ☐ Emergency Form ☐
Birth Certificate ☐ Immunizations ☐
Medical/Health Information Form ☐
DATE OF ADMISSION: _____
_____
Administrator Signature

Is applicant a United States Citizen? ☐Yes ☐ No
If no, does applicant require I-20? _____
For Statistical Purposes Only-Ethnic Origin:
☐ Asian ☐ African-American ☐ Caucasian
☐ Hispanic ☐ Other_____

Does your child speak English?
☐ Yes ☐ No
If no, what language does your child speak? _____
To what extend is this language spoken in the home?
_____

How did you hear about Faith Lutheran Preschool?
☐ from our current school ☐ from a friend/relative ☐ from our church
☐ from a currently enrolled sibling ☐ from the FLS website ☐ from an FLS mailer
☐ from a newspaper/magazine ad (which one_____) ☐ other
If a member or staff of Faith Lutheran Church, School or Preschool referred you, please name:
_____

Siblings
Name _____DOB _____School _____
Name _____DOB _____School _____
Name _____DOB _____School _____

Student's Home Address

_____

City_____ State_____ Zip Code_____

Public School District applicant is zoned to: _____

PART 1, PAGE 2 STUDENT'S NAME: _____

How are you related to the student?	
Father ☐ Stepfather ☐ Grandfather ☐ Guardian ☐	Mother ☐ Stepmother ☐ Grandmother ☐ Guardian ☐
Mr. /Dr./Rev. _____	Mrs./Ms./Dr./Rev. _____
Employer: _____	Employer _____
Occupation: _____	Occupation _____
Home Phone:_____	Home Phone: _____
Work Phone: _____	Work Phone _____
Cell Phone/Pager: _____	Cell Phone/Page _____
E-Mail Address _____	E-Mail Address _____
Responsible for School Related Decisions ☐ Yes ☐ No	Responsible for School Related Decisions ☐ Yes ☐ No
Responsible for School Communications ☐ Yes ☐ No	Responsible for School Communications ☐ Yes ☐ No
Responsible for Financial Bills? ☐ Yes ☐ No	Responsible for Financial Bills? ☐ Yes ☐ No

Is your child the subject of a court order? ☐ Yes ☐ No

If parents are divorced or separated, which parent has legal responsibility for school related decision, school communications and financial bills?_____

What are the custody arrangements? _____

_____

PHOTO PERMISSION:

☐ By checking this box I give my permission for my child's photo to be used in print publicity, on our website, in videos and displays used for marketing.

☐ By checking this box I give my permission for my child's photo to be used on **school bulletin boards** in the school hallways and in **Faith Lutheran Church school informational announcements**.

☐ By checking this box, I give my permission for my child's photo to be in the **school yearbook**.

FAMILY CHURCH MEMBERSHIP

DENOMINATION: _____

NAME OF CHURCH: _____

STUDENT BAPTISED: ☐ Yes ☐ No

☐ We are NOT members of a church.

☐ We would welcome a visit from a Pastor.

Child daycare operations are public accommodations under the Americans 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)

PART 2 FAITH LUTHERAN PRESCHOOL - NEW STUDENT APPLICATION
STUDENT'S NAME: _____

STUDENT IS TOILET TRAINED? ☐ Yes ☐ No

Last Preschool Attended

Name of School _____Phone_____

Address _____City _____ State ____ Zip Code_____

Reason for leaving previous school_____

Student History

So that your child's education experience is positive, please complete the following questions:

Has your child ever been dismissed or withdrawn from any school for any reason? ☐ Yes ☐ No

(If yes, please explain)_____

Does your child have any specific care or learning needs? _____

_____

_____

Are there any special medications, allergies, or limitations your child has that we need to be aware of?

Please use the space below for any other pertinent information about your child or family situation that would assist us in meeting our shared commitment to your child: _____

_____

Father's Signature (required)

_____Date_____

Mother's Signature (required)

_____Date_____

EMERGENCY MEDICAL, TRANSPORTATION AND RELEASE FORM
FAITH LUTHERAN SCHOOL AND PRE-SCHOOL

SCHOOL YEAR: _____

NAME: _____ ☐ Male ☐ Female GRADE: _____ BIRTH DATE:_____

List in preferential order the people to call in case of emergency:

NAME: _____

RELATIONSHIP TO CHILD: ☐ Mother ☐ Father ☐ Sibling ☐ Sibling under age of 18 ☐ Other _____

Home #: _____ Work # _____ Cell # _____

NAME: _____

RELATIONSHIP TO CHILD: ☐ Mother ☐ Father ☐ Sibling ☐ Sibling under age of 18 ☐ Other _____

Home #: _____ Work # _____ Cell # _____

NAME: _____

RELATIONSHIP TO CHILD: ☐ Mother ☐ Father ☐ Sibling ☐ Sibling under age of 18 ☐ Other _____

Home #: _____ Work # _____ Cell # _____

In signing this form, I am giving permission to the persons listed above to pick up my child. In addition the following people also have permission to pick up my child:

NAME	RELATIONSHIP	PHONE

(LIST ADDITIONAL NAMES ON BACK OF FORM)

Please provide a PASSWORD that both your child and the person picking your child up will know:

_____

Check here if ANY Faith Lutheran School parent may pick up your child. ☐

Please note that, for the safety of your child, we will only release him/her to people listed on this form. Please consider all possible people who may be picking up your child in order to make this list as complete as possible. If an emergency arises and someone not on this list will be picking up your child, you must send a fax or written note giving permission and include your signature.

Doctor: _____ PHONE: _____

Medical Care Facility: _____ PHONE: _____

INSURANCE: _____

POLICY #: _____ GROUP #: _____

LIST ALLERGIES, REACTION AND HOW TO RESPOND:

ALLERGY	REACTION	RESPONSE

MEDICINE TAKEN DAILY	REASON

If your child needs to take ANY medication while at school (prescription OR over-the-counter), you must provide the medicine in the original container with a permission slip and instruction. We do not provide any mediation for our students.

Limiting Disabilities: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize a school faculty member or administrator to transport the student to the physician, Medical Care facility listed above or to the nearest available source of assistance. I give consent for Faith Lutheran School and Pre-school to secure any and all necessary emergency medical care for my child.

_____ _____

PARENT SIGNATURE **DATE**

EMERGENCY MEDICAL FORM PAGE 2

STUDENT'S NAME: _____

The following people also have permission to pick up my child:

NAME	RELATIONSHIP	PHONE

MEDICAL / HEALTH INFORMATION
FAITH LUTHERAN PRESCHOOL

CHILD'S NAME:_____ Date of BIRTH:_____

List any allergies, 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 regarding child's health that the school needs to be made aware.

_____
_____
_____
_____

HEALTH-CARE PROFESSIONAL'S STATEMENT: The above named child was examined within the past year and is physically able to take part in the program of Faith Lutheran Preschool and is free from contagious diseases.

_____ _____
Physician's Signature Date

_____ _____ _____
Physician's Name (print or stamp) Office phone number Date of Exam

_____ _____ _____
Street Address City Zip Code

Please attach a copy of your child's immunization record to this form.

Immunization Requirements found on Texas Department of State Health Services Web Site: www.dshs.state.tx.us

- ☐ 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 on or about (date) _____ and does not need varicella vaccine.
- ☐ 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 Dept. of State Health Services. I understand this affidavit is valid for 2 years.

If vision and hearing screening is completed in the doctor's office please complete the following:

Hearing Screen Results: RIGHT – PASS / REFER LEFT – PASS / REFER

Vision Screen Results: RIGHT 20/_____ LEFT 20/_____

Vision and hearing screenings are available for a small fee at school at an announced time in the fall.

_____ _____
Signature – Parent/Legal Guardian Date

Faith Lutheran Church and School
800 Brook Street
Sugar Land, TX 77478

ENROLLMENT CONTRACT

STUDENT'S NAME: _____

Please select the payment plan desired by checking the appropriate box:

☐ Monthly payments with ACH Draft (auto-pay) as set forth in the Tuition Fee Schedule
☐ Monthly payments cash or check as set forth in the Tuition Fee Schedule
☐ Tuition paid in full (5% discount)

CONTRACTUAL AGREEMENT:
MUST BE COMPLETED AND SIGNED BY ALL PARTIES
We the undersigned:

I. Agree to fulfill all financial obligations
   A. Tuition and fees will be paid by the 1st of the month. Students with tuition in arrears may be withheld from class until payment is current.
   B. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month.
   C. Student's grades, credits and transcripts will not be released until all applicable tuition and fees are paid.

II. Agree to abide by Faith Lutheran School's guidelines as outlined in the student handbook.

III. Give permission for my child to participate in all activities offered through the programs of Faith Lutheran School and Pre-school

IV. Attest the information in this application is correct and true. Any misrepresentations on this application may result in your child being dismissed from Faith Lutheran School.

_____Date_____
Father's Signature (required)

_____Date_____
Mother's Signature (required)

Print Forms