Re-Enrollment Forms

Faith Lutheran Preschool

FAITH LUTHERAN
SCHOOL

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

Re-Enrollment To Do List

The following must be submitted to the office before student is re-enrolled:

- A **non-refundable registration fee (see fee schedule).** A discounted registration fee is offered for early registration.
- **Immunization Updates.**
- **Medical/Health Information** with ***Doctor's Signature* and *date of most recent well-child exam***. Returning students are required to return the medical form only after the next annual well-child exam.
- **Re-enrollment 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).***
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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 RE-ENROLLMENT

RE-ENROLLMENT FOR _____ **CLASS**

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

Student's Full Name

_____

Student prefers to be called: _____

FOR OFFICE USE ONLY

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

Re-Enrollment forms ☐ Emergency Form ☐
Birth Certificate ☐ Immunizations ☐
Medical/Health Information Form ☐

☐ My child's immunization record is on file in the school office and all required immunizations and/or tuberculosis test are current. Vision and hearing screening records are also on file.

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: _____

How are you related to the student?

Father ☐ Stepfather ☐ Grandfather ☐ Guardian ☐

Mr. /Dr./Rev. _____

Employer: _____

Occupation: _____

Home Phone:_____

Work Phone: _____

Cell Phone/Pager: _____

E-Mail Address _____

Responsible for School Related Decisions ☐ Yes ☐ No
Responsible for School Communications ☐ Yes ☐ No
Responsible for Financial Bills? ☐ Yes ☐ No

Mother ☐ Stepmother ☐ Grandmother ☐ Guardian ☐

Mrs./Ms./Dr./Rev. _____

Employer _____

Occupation _____

Home Phone: _____

Work Phone _____

Cell Phone/Page _____

E-Mail Address _____

Responsible for School Related Decisions ☐ Yes ☐ No
Responsible for School Communications ☐ 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? _____

_____

PART 1, PAGE 2 STUDENT'S NAME: _____

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)

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 Brooks 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