

GRACE LUTHERAN CHURCH  
EARLY CHILDHOOD PROGRAM

National Lutheran School Accreditation

Registration

“Let the little children come to me and do not hinder them, for the kingdom of God belongs to such as these.” Mark 10:14

3000 W. Golf Course Road Midland, Texas 79701  
Website: [gracelutheranmidland.org](http://gracelutheranmidland.org)  
ECP Office 432.694.3063  
Email: [ecp@gracelutheranmidlandtx.org](mailto:ecp@gracelutheranmidlandtx.org)  
Church Office 432.697.3221 Fax 432.697.3536

Grace Lutheran Early Childhood Program admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the bases of sex, race, color, nationality and ethnic origin in administration of its educational and admission policies.

## Grace Lutheran Early Childhood Program Enrollment Form

Please complete Student Enrollment Forms and return to the ECP office. The registration fee must accompany your application and is non-refundable.

Admission Date \_\_\_\_\_ Age as of Sept. 1 \_\_\_\_\_ Circle: M/W/F T/TH M-F

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_  
Circle One

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Workplace/Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Workplace/Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of emergency, the number left on the **sign-in sheet** will be called first. Parent's home and work numbers will be called next. If parents/guardians cannot be reached, the individuals listed below will be called. HHSC 746.605 (5)

In addition to parents/guardians listed above, I hereby authorize Grace Lutheran ECP to allow my child to leave the facility **ONLY** with the following persons. The child will not be permitted to leave the facility with persons other than those listed unless previous arrangements have been made with the ECP office. When arrangements are made with the office, the designated pick up person will be required to provide identification. HHSC 746.605 (6), 746.4103 (a)

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship to family \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship to family \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship to family \_\_\_\_\_

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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:** HHSC 746.605 (12)  
IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION, I AUTHORIZE THE DIRECTOR OR THE PERSON IN CHARGE TO TRANSPORT MY CHILD TO:

Name of Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

I GIVE MY CONSENT FOR THIS PHYSICIAN AND/OR HOSPITAL TO ADMINISTER THE MEDICAL TREATMENT THEY DEEM NECESSARY.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Child's Name** \_\_\_\_\_

List allergies - food or other. HHSC 746.605 (16) \_\_\_\_\_

Group activities the child has previously participated. \_\_\_\_\_

What would you like the teacher to know about your child? \_\_\_\_\_

Family pets, favorite toys, books or activities. \_\_\_\_\_

Goals the family has for the child. \_\_\_\_\_

**Are you available to volunteer for fieldtrips \_\_\_\_\_, class activities/parties \_\_\_\_\_, or book fairs.**

**Church Membership** – Please check all that apply:

\_\_\_\_\_ I have a church home. The name of my church is \_\_\_\_\_

\_\_\_\_\_ I do not have a church home. Church preference \_\_\_\_\_

\_\_\_\_\_ I attend church at least twice a month.

\_\_\_\_\_ My child/children have been baptized.

\_\_\_\_\_ I would like more information on Grace Lutheran Church.

**Names and ages of siblings and others who reside in the family home:**

\_\_\_\_\_  
\_\_\_\_\_

**CHECK ALL THAT APPLY:**

1. \_\_\_\_\_ **Field Trips:** I hereby \_\_\_ **Give** \_\_\_ **Do not give** - my consent for my child to participate in field trips and be transported under the supervision of the Grace Lutheran Early Childhood Program staff. I understand that information regarding each trip will be posted at the school and sent to the parents at least 48 hours prior to departure from the school. HHSC 746.3001 (1) & 605 (9)

2. \_\_\_\_\_ **Water Activities:** I hereby \_\_\_ **Give** \_\_\_ **Do not give** - my consent for my child to participate in water activities such as water table experiments, wading pools, sprinklers, and car washes for riding toys. Two staff members will be present during all water activities. **At no time will students be taken to a private or public swimming pool without specific permission from parents.** HHSC 746.605 (10)

3. \_\_\_\_\_ **Photos:** I hereby \_\_\_ **Give** \_\_\_ **Do not give** - my consent for photos of my child to be displayed in the hallway or on bulletin boards.

4. \_\_\_\_\_ **Social Media:** **You may not post photos of Grace ECP classes or children on Facebook or any other social media.**

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## ENROLLMENT INFORMATION

HHSC 746.603-605

To enroll in the Grace Lutheran Early Childhood/Kindergarten Program, please do the following:

1. Complete ALL the information requested on the registration form.
2. Submit the registration form and the **non-refundable** registration fee to hold a place for the fall.
3. A current **immunization record** and **doctor's statement** will be required the first day of school. Please provide updated copies when children get immunizations.

### 2018-2019 FEE SCHEDULE

#### **Registration Fees**

Early Childhood Classes \$100.00  
Kindergarten \$150.00

#### **Grace Lutheran and Other LCMS Members**

Early Childhood Classes \$75.00  
Kindergarten \$100.00

#### ***Registration Fees are Not Refundable***

<b>PRESCHOOL</b>	<b>9:00-2:00</b>	
Two Days - TT		\$200.00
Three Days - MWF		\$290.00
Five Days - Monday thru Friday		\$455.00
<b>KINDERGARTEN</b>	<b>9:00-2:00</b>	
Grace Members and other LCMS		\$465.00
Non-Members		\$510.00

#### **Extended Care – Available to children registered at Grace ECP**

**Morning 7:30 to 9:00 and Afternoon 2:00 to 5:30 – Hourly Rate \$4.25**

**Extended care hourly fees will be added to the next month's statement.**

Tuition is based on a yearly rate and will be billed in 9 monthly payments from September through May on the 1<sup>st</sup> of each month. Parents are responsible for each month's total tuition regardless of the days of attendance in that month. There will be no reduction of payments due to illness, holidays, vacations, absences or injury. A \$20.00 late fee will be added if tuition is not received by the **fifth** of the month. **When an account becomes thirty days past due, the child will be subject to immediate dismissal.**

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432.694.3063 Fax 432.697.3536

**Health Requirements**

(Due the first day of school)

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Texas Department of Family and Protective Services requires a health statement from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the childcare/kindergarten program. Please ask your child's physician to sign the Health Statement. HHSC 746.611

**Health Statement**

This child has been examined within the past year and is able to participate in the childcare program. HHSC 746.603 (a)(4)

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

**Immunization Forms**

Immunizations required for the child's age must be completed by the first day of school. 746.613 **A current copy of the child's immunization record must be on file at all times.** Please provide an updated copy as your child receives immunizations. A list of immunization requirements is available in the school office or the physician's office.

List allergies: HHSC 746.3817 & 3819

\_\_\_\_\_  
\_\_\_\_\_

Is there a special medical situation, an existing illness, injury during the past 12 months, medication prescribed for long term continuous use, or other information which the staff should be aware? HHSC 746.3811 & 3815

\_\_\_\_\_  
\_\_\_\_\_

List communicable diseases that your child has had.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_