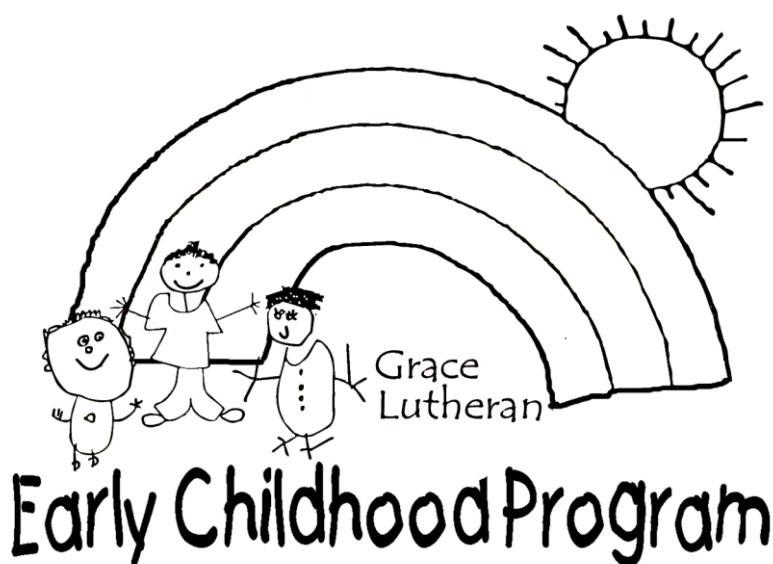


# GRACE LUTHERAN EARLY CHILDHOOD PROGRAM

## National Lutheran School Accreditation

3000 W. Golf Course Rd, 79701 432-694-3063 Fax 432-697-3536  
[ecp@gracelutheranmidlandtx.org](mailto:ecp@gracelutheranmidlandtx.org) [gracelutheranmidland.org](http://gracelutheranmidland.org)

## Registration 2023-2024



"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

### **Mission and Ministry Statement**

Through God's Word and the power of the Holy Spirit, the mission of Grace Lutheran Church's Early Childhood Program is to promote excellence in early childhood care and education by sharing God's grace, living His Word, and making disciples.

### **Statement of Philosophy**

Grace Lutheran Early Childhood Program offers a Christian environment in which a child may grow:

- \*Spiritually
- \*Socially/Emotionally
- \*Physically
- \*Intellectually/Creatively

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 basis 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 Kinder

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Ethnicity \_\_\_\_\_ 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 an emergency, parents/guardians will be called first. If parents/guardians cannot be reached, the individuals listed below will be called. HHSC 746.605 (6)

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 (7), 746.4103 (a)

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

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

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

\*\*\*\*\*

**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 \_\_\_\_\_

Child's T Shirt Size \_\_\_\_\_

List allergies-food or other. Emergency food plan should be included on the Health Statement. HHSC 746.605 (16)

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

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

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

**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 who reside in the family home:**

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

**PLEASE INITIAL IN LEFT COLUMN & CHECK (If Applicable) ALL THAT APPLY:**

1. \_\_\_\_\_ **Water Activities:** I hereby \_\_\_\_\_ **Give** \_\_\_\_\_ **Do not give** - consent for my child to participate in water activities such as water table experiments, sprinklers, and car washes for riding toys. Two staff members will be present during all water activities. HHSC 746.605 (10)
2. \_\_\_\_\_ **Photos/Video:** I hereby \_\_\_\_\_ **Give** \_\_\_\_\_ **Do not give** - consent for photos of my child to be displayed in the hallway or on bulletin boards, in school/church newsletters &/or on the app used between the school/teacher and families.
3. \_\_\_\_\_ **Social Media Acknowledgement:** **You may not post photos of Grace ECP classes or children on Facebook or any other social media.**
4. \_\_\_\_\_ **Toilet Training:** 3 year old classes and older **must be fully potty trained to attend.** This includes: not using Pull Ups/Diapers during the hours of attendance, the child verbalizing their need to use the restroom, as well as their ability to dress/undress and wipe themselves.

**HOW DID YOU HEAR ABOUT US?**

\_\_\_\_\_ Grace/LCMS Member \_\_\_\_\_ Family/Friend \_\_\_\_\_ ECP Website \_\_\_\_\_ Ad-phone book/Midland magazine \_\_\_\_\_ Other

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

\_\_\_\_\_  
Date

## ENROLLMENT INFORMATION

HHSC 746.603-605

To enroll in the Grace Lutheran Early Childhood Program, please take the following steps:

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 health statement** will be required the first day of school. Please note: Your child will be excluded from classes until forms are provided. This is state mandated! Please, provide updated copies when children get immunizations. Grace Lutheran ECP does not accept Conscientious Exemptions.

### 2023-2024 FEE SCHEDULE

#### **REGISTRATION FEES ARE NON-REFUNDABLE**

##### **Registration/Supply Fees:**

Early Childhood Classes \$150.00

Kindergarten \$200.00

##### **Registration/Supply Fees for Grace Lutheran/LCMS Members:**

Early Childhood Classes \$125.00

Kindergarten \$150.00

<b>PRESCHOOL</b>	<b>9:00-2:00</b>	<b>MONTHLY</b>
Two Days - TT		\$230.00
Three Days - MWF		\$320.00
Five Days - Monday thru Friday		\$485.00
<b>KINDERGARTEN</b>	<b>9:00-2:00</b>	<b>MONTHLY</b>
Grace Members and other LCMS		\$495.00
Non-Members		\$540.00

Tuition is based on a yearly rate and will be billed in 10 payments. August through May tuition is due 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 5th school day of the month. **When an account becomes thirty days past due, the child will be subject to immediate dismissal.**

A fee of \$5 will be charged for late pick up after 2:05. In addition, a fee of \$1 a minute will be charged after 2:10.

Grace Lutheran Early Childhood Program  
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432-694-3063 Fax 432-697-3536

**Health Statement**

Due the first day of school. Please note: Your Child will be excluded from classes until forms are provided!

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

Child Care Licensing with Texas Health and Human 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 program. Please ask your child's physician to sign the Health Statement. HHSC 746.611

This child has been examined within the past year and is able to participate in the childcare program.

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

**Immunization Forms**

Immunizations required for the child's age must be completed by the first day of school! HHSC 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. Grace Lutheran ECP does not accept Conscientious Exemptions.

**List allergies and Food Emergency Plan:** 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

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

\_\_\_\_\_  
**Parent Signature** (if have Food Emergency Plan) **Date**