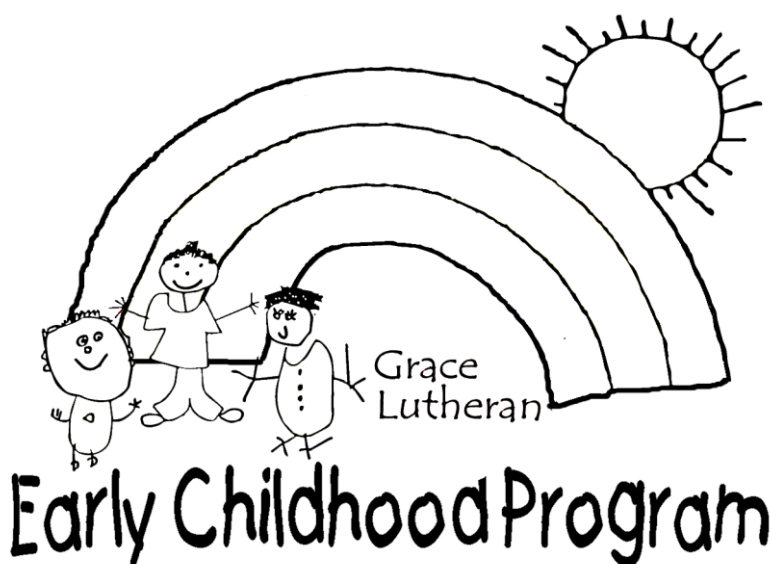


GRACE LUTHERAN EARLY CHILDHOOD PROGRAM

National Lutheran School Accreditation

3000 W. Golf Course Rd, 79701 432-694-3063 Fax 432-697-3536
ecp@gracelutheranmidlandtx.org gracelutheranmidland.org

Registration 2024-2025



"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 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 people 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 (next year) _____

List allergies-food or other. An 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):

1. _____ **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.
2. _____ **Water Activities Acknowledgement:** Grace ECP does not participate in water day or outdoor water activities, including pools or sprinklers.
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.

2024-2025 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

PRESCHOOL	9:00-2:00	MONTHLY
Two Days - TT		\$245.00
Three Days - MWF		\$335.00
Five Days - Monday thru Friday		\$500.00
KINDERGARTEN	9:00-2:00	MONTHLY
Grace Members and other LCMS		\$510.00
Non-Members		\$555.00

Tuition is based on a yearly rate and will be billed in 10 payments. August through May tuition is due on the 1st 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.

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Health Statement

Due the first day of school. Please note: Your Child will be excluded from classes until Health Statement and Immunizations 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.

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**