

GRACE LUTHERAN EARLY CHILDHOOD PROGRAM

National Lutheran School Accreditation & Lutheran School Accreditation Commission of TX-LCMS Accreditation

Registration 2025-2026



"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
- *Physically
- *Socially/Emotionally
- *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.

3000 W. Golf Course Rd, 79701
Email: ecp@gracelutheranmidlandtx.org

432-694-3063
website: gracelutheranmidland.org

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 enrollment form.
2. Submit the enrollment form and the **non-refundable** registration fee to hold a place for your child.
3. A current **immunization record & doctor's health statement (if this is your child's first time to enroll) &/or vision/hearing screening (if your child is enrolling in a 4's class or Kindergarten)** 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 receive immunizations.

2025-2026 FEE SCHEDULE

REGISTRATION FEES ARE NON-REFUNDABLE

Registration/Supply Fees:

Early Childhood Classes \$175.00

Kindergarten \$200.00

Registration/Supply Fees for Grace Lutheran/LCMS Members:

Early Childhood Classes \$150.00

Kindergarten \$175.00

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 school day 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. Payments can be paid by cash, check or card. 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.

Child's Name _____

Child's T Shirt Size (next year) _____

List allergies-food or other or N/A. Write an emergency food plan for **any** food allergies, including mild allergies.
HHSC 746.605 (15)

Parent Signature (required even if there are no allergies) _____

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 _____

_____ My child/children have been baptized.

_____ I would like more information on Grace Lutheran Church.

Names and ages of siblings who reside in the 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? _____

Parent or Legal Guardian Signature

Date

Grace Lutheran Early Childhood Program
3000 W. Golf Course Rd. Midland, Texas 79701
ecp@gracelutheranmidlandtx.org
432-694-3063

Health Statement

Must be submitted by the first day of school if this is your child's **first time enrolling!**

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.

Is there a special medical situation, known allergies, 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

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.

Parent Signature

Date

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Vision & Hearing Screening

Must be submitted by the first day of school for children enrolling in a 4's class or Kinder.

Child's Name

Birthday

The Special Senses & Communication Disorders Act, Texas Health & Safety Code, Chapter 36, requires a screening or a professional examination for possible vision & hearing problems for children of certain ages & grades & must have a signed statement from the child's parent that the child's screening records are current and on file at the pre-kindergarten program. HHSC 746.629 (a) & (b2)

Vision Screening

Right Eye 20/____ Left Eye 20/____ Pass ____ or Fail ____

Hearing Screening

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				
Left				

I, the parent/guardian of the above named child attest that the results of my child's vision & hearing screenings are current and submitted to Grace Lutheran ECP.

Parent Signature

Date