



Parent Check – Off List 2009

Child's name _____ Date Submitted _____

Age as of **September 1, 2009** _____ Current classroom _____ (if returning student)

1. Registration forms fully complete (i.e. signatures, doctors & contacts names, address, phone numbers, e-mail address)
2. Signed Discipline form (new student only)
3. Updated shot record
4. Medical release form/half sheet (new student only)
5. Yearly Registration fee \$ _____ check # _____ cash _____
6. Tuition deposit (if not already on file) amount \$ _____ check# _____ cash _____
7. Summer Enrollment tuition policy signed & dated.
8. Who is financially responsible for tuition? _____
9. Read the Parent Handbook and return the last page signed and dated.

I understand that this registration cannot be guaranteed until these items are all current.

Parent/Guardian signature Date _____

Please check program you are signing your child up for:

FALL/SPRING

<p>Full Time</p> <p>_____ FT infant/Wobbler</p> <p>_____ FT Two's</p> <p>_____ F.T. Three's</p> <p>_____ FT multi-age (4' & 5's)</p> <p>_____ Part time multi age classroom</p> <p>_____ After-school (K-4th)</p>	<p style="text-align: center;">M/W/F</p> <p>Mothers Day Out</p> <p>_____ T/TH (circle one)</p> <p>_____ MDO infant/toddler –combined with full time infant/wobbler</p> <p>_____ MDO two's – combined with full time twos</p> <p>_____ MDO multi-age (3' & 4's)</p>	
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The ECC does not guarantee specific classroom placement. Placement of your child will depend on actual enrollment numbers. If you have pre-registered your child, you will be notified of classroom assignments no later than August 1, 2009. We will make every effort to honor parent requests.

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Please call the ECC office/registrar if you need any information on your child's current enrollment status. (512) 258-7602.



Registration & Re-enrollment Form

FOR OFFICE USE ONLY 2009-2010

Fall Class: _____ **Program:** _____

Summer Class: _____ **Program:** _____

School age children: Please check the program desired for your child: ___After-school___ Summer Camp
Please note to fill out the after-school, summer camper & traveling class forms as well.

Student Information:

Child's Name _____
Last First Middle Nickname Date of Birth Sex (M/F) Adopted? (Y/N)

Address _____
Number & Street City State Zip Home Phone

Ethnic origin (please circle one) American Indian Asian African American Hispanic Caucasian Other

Father's Name _____ Mother's Name _____

Home address (if different from above) _____ Home Address (if different from above) _____

Father's Email Address _____ Mother's Email Address _____

Father's Driver's License Number _____ State _____ Mother's Driver's License Number _____ State _____

Home phone # _____ Work phone # _____ Cell phone # _____ Home phone # _____ Work phone # _____ Cell phone # _____

Father's Employer _____ Position _____ Mother's Employer _____ Position _____

Family Life:

Parents are: ___ Married; ___ Separated; ___ Divorced; ___ Mother or Father remarried; ___ Mother or Father deceased

Please list the names and dates of birth of any other children in the family: _____

With whom does the child reside? _____ Who is financially responsible for tuition? _____

Describe child custody arrangements (if applicable) _____

(A copy of legal child custody arrangements MUST be on file in our office BEFORE your child starts care!)

Worship Life:

Good Shepherd Lutheran ECC is a ministry sponsored by Good Shepherd Lutheran Church. Our goal is to assist families in the development of the whole child through the power of the Gospel. Please check one of the following for our records:

___ **We have a Church home** _____
Church name Denomination City and State

___ **We have no church membership at this time.** If you do not have a church home or are inactive in your church, would you be interested in information about Good Shepherd Lutheran Church? Yes ___ No ___

Baptism: Is your child baptized? Yes ___ NO ___
If yes, date of baptism and where? _____
If your child is not baptized, would you like information on baptism? Yes ___ No ___

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		Relationship
If the person I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph. #:
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.		
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as 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 which caregiver's should be aware of:

<p>ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:</p> <p>1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.</p> <p style="text-align: center;">_____ Date _____ Health Care Professional's Signature</p> <p>2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.</p> <p>3. <input type="checkbox"/> PARENT'S STATEMENT: My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.</p> <p style="text-align: center;">_____ Date _____ Signature - Parent or Legal Guardian</p> <p>4. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.</p>

I have received and read the Parent Handbook containing the policies and programs of Good Shepherd Lutheran Early Childhood Center. I am in agreement with the policies set forth and I understand that noncompliance of these policies could result in dismissal. I also agree to the following:

- I hereby give consent for my child to participate in and be transported and supervised by the operation's staff on Field Trips.
- I hereby give consent for my child to participate in Water Activities, including water table play, sprinkler play, splashing/wading pools, and swimming pools (Swimming pools are only for children enrolled in the Summer semester AND in the Multi-Age or School Age classes.)
- I hereby give consent for my child's name, address and phone number to be published in the Student Directory. (This is made available to all GSLECC parents for the purpose of birthday parties, Fall Festival, classroom parties, etc.)
- I hereby give consent for my child's picture to be taken to be used for publication information only (during worship service slide shows, in photos around the center or on our website). Please note that no other information will be published.
- I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Parent Signature

Date

All questions on this Registration Form must be answered and will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.

**Good Shepherd Lutheran Early Childhood Center
Programs and Rates for the 2009-2010 School Year
(all rates effective June 8, 2009)**

PROGRAM			Tuition	Registration Fee	Tuition Deposit
Mothers Day Out (8:30am-1pm)					
M/W/F	Infants	(6 months – 23 months)	\$395.00 per month	\$125.00	\$395.00
T/Th	Infants	(6 months – 23 months)	\$300.00 per month	\$125.00	\$300.00
M/W/F	Twos	(24 months – 35 months)	\$370.00 per month	\$125.00	\$370.00
T/Th	Twos	(24 months – 35 months)	\$290.00 per month	\$125.00	\$290.00
M/W/F	Multi-Age	3 years – 5 years	\$335.00 per month	\$125.00	\$335.00
T/Th	Multi-Age	3 years – 5 years	\$255.00 per month	\$125.00	\$255.00

FULL TIME CARE (6:30 AM – 6:30 PM) – Monday – Friday

Infant	6 weeks – 13 months	\$910.00 per month	\$125.00	\$455.00
Wobbler	13 months – 23 months	\$910.00 per month	\$125.00	\$455.00
2's	24 months – 35 months	\$884.00 per month	\$125.00	\$442.00
3's	36 months – 47 months	\$845.00 per month	\$125.00	\$422.50
Pre-school	4 and young 5 year olds	\$758.00 per month	\$125.00	\$379.00

Part Time Pre-School (M-F, 8:30 – 1:00)

3's	36 – 47 months	\$550.00 per month	\$125.00	\$275.00
Pre-school	4 and 5 year olds	\$495.00 per month	\$125.00	\$250.00

AFTER SCHOOL CARE

After school only	\$270.00 per month	\$125.00	\$134.30
Additional charge for "C" days	\$20/day		

The Early Childhood Center does not guarantee specific classroom placement. Placement of your child in a classroom will depend on actual enrollment numbers. You will be notified of classroom assignments no later than August 1, 2009. If you have pre-registered your child, you will be notified of classroom assignments no later than August 1.

- Registration fee covers fall and summer.
- Tuition deposit (equivalent to ½ month tuition for full time and after school programs and one month for part-time programs) is applied to the child's last month of tuition.
- A 10% discount off the lower priced tuition is given for the second and each additional child enrolled. There are no discounts given on registration fees or deposits.
- Children must be potty trained for enrollment in 3 and 4 year-old classes.
- Hot lunch and snacks are included in tuition rate for all classes wobbler age and older.

Nondiscrimination policy

Good Shepherd Lutheran Early Childhood Center does not discriminate on the basis of sex, race, color, religion, national and ethnic origin in administration of its educational policies, admission policies and athletic or other school administered programs.



**AFTERSCHOOL
PROGRAM**
2009-2010 School Year

Childs name _____
Please print

My child attends the following LISD school:

Name and address of school

School phone # _____

I give consent for the facility to secure any and all necessary medical care for my child.

Signature – Parent or Legal Guardian

Date

I give consent for my child to be transported by the operation's staff of Good Shepherd Lutheran Church and ECC.

Signature-Parent or Legal Guardian

Date

We currently pick up from the following LISD elementary schools:
(This is subject to change based on enrollment)

- West Side
- Blockhouse
- Pleasant Hill
- Giddens LISD bus drops off at our campus
- Winkley
- CC Mason

This form and the child's emergency contact sheet will accompany each child being transported by Good Shepherd.

Good Shepherd Lutheran Early Childhood Center Certificate of Health

Name _____ Date of Birth _____

This is to certify that the above named child is free from communicable disease and is physically able to participate in the school program, having been examined by me within 12 months prior to the date of admission.

Physician's Signature

Date

Please be advised that ALL immunizations must be current and a copy of your child's immunization record be on file BEFORE your child begins care at Good Shepherd.



Discipline and Guidance Policy

Discipline must be:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

A Caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to not more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited.

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, naps or toilet training
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejection or yelling at a child
7. Subjection a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriately long period of time for the child's age.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Parent/guardian signature

Date

Child's name



ECC School Supply List 2009-2010

Preschool (Room 107 & 108)

- 1 spiral notebook, 70 sheet, wide ruled
- 1 pkg double row Crayola washable watercolor paints
- 2 pkg Crayola washable markers, 1 large and 1 pencil size (any color)
- 1 sharpie (any color)
- 1 pkg cardstock
- 1 pkg multicolor construction paper
- 1 pkg tag board
- 1 4 oz bottle of glue (do NOT buy "no run")
- 10 glue sticks
- 1 dry erase marker
- 1 box of tissue
- 1 box of baby wipes
- 1 cans of shaving cream
- 1 box zip-lock bags, any size

MDO Multi-Age 3's and 4's (room 101)

- 2 pkg Crayola washable markers (1 large classic and 1 pencil sized) any color
- 1 4 oz glue
- 12 small glue sticks (white glue, if possible)
- 1 box Kleenex
- 1 pkg cardstock
- 2 pkg multicolored construction paper
- 1 dry erase marker
- 1 pkg Crayola washable watercolor paint
- 1 spiral notebook wide ruled
- 2 containers of playdough
- 1 can of shaving cream
- 1 pkg 16 count crayons

Three year old's Class (Room 102)

- 2 pkg large Crayola washable markers (classic and pastel)
- 1 pkg Crayola pencil size markers (any color)
- 1 pkg Crayola washable watercolors or kids paint
- 1 pkg Crayola crayons (16 count)
- 1 dry erase marker
- 1 sharpie (any color)
- 10 glue sticks
- 2 pkg multicolored construction paper (50 count)
- 1 pkg assorted color card stock paper
- 1 pkg seasonal stickers
- 1 spiral notebook 70 sheets, wide ruled

- 2 pack of playdough
- 1 box Kleenex
- 1 box baby wipes
- 1 box Ziploc bags (any size from snack to quart)

Two years old's (Room 104)

- 1 pkg "So Big" Crayola washable crayons
- 1 pkg Crayola washable markers, classic colors
- 1 4 oz bottle glue (do NOT buy "no run")
- 2 glue sticks
- 2 pkg multicolored construction paper
- 1 pkg Crayola washable watercolor paints
- 1 pkg of Play dough
- 1 sharpie marker (any color)
- 1 pkg of stickers (any kind)
- Kleenex, baby wipes, and diapers as teacher requests
- 1 can shaving cream
- 1 pkg assorted color cardstock

Infants/Wobblers (Nursery)

- 2 pkg assorted multicolor construction paper, 50 count
- 1 pkg fat Crayola washable markers, Classic colors
- 1 pkg stickers, (any small child theme)
- 1 pkg "so big" toddler size crayola crayons
- 2 glue sticks
- 1 pkg sidewalk chalk
- 1 Sharpie (any color)
- 1 box Kleenex per month
- 1 box unscented baby wipes, per month
- Diapers (teacher will ask for more when supply is low.)

After-school (Room 106)

- 2 pkg Crayola washable markers, 1 large and 1 pencil size
- 1 box Kleenex
- 2 pkg multicolored construction paper 50 ct
- 1 4 oz glue (do NOT buy "no run")

Special Notes for Supplies:

- All Children must bring a complete change of clothes in a labeled Ziploc bag to be left at the center.
- All full time (napping) children must bring a small pillow and blanket, marked with their name.