



# Parent Check – Off List 2010

Child's name \_\_\_\_\_ Date Submitted \_\_\_\_\_

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:**  
Age as of June 1, 2010 \_\_\_\_\_

**SUMMER**

<p><b>Full Time</b></p> <p>____ Infant/Wobbler</p> <p>____ FT Two's</p> <p>____ FT multi-age (3's &amp; 4's)</p> <p>____ Summer campers (have attended Kindergarten – 4<sup>th</sup> grade)</p>	<p><b>Mother Day Out</b></p> <p>M/W/ T/TH (circle one)</p> <p>____ MDO infant/toddler</p> <p>____ MDO two's</p> <p>____ MDO multi age (3's &amp; 4's)</p>
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Age as of Sept 1, 2010 \_\_\_\_\_

**FALL/SPRING**

<p><b>Full Time</b></p> <p>____ FT infant/Wobbler</p> <p>____ FT Two's</p> <p>____ F.T. Three's</p> <p>____ FT multi-age (4'&amp;5's)</p> <p>____ Part time multi age classroom</p> <p>____ <b>Kindergarten</b> (5 yrs, by Oct 15) 8:30 – 3:00</p>	<p><b>Mothers Day Out</b></p> <p>T/TH (circle one)</p> <p>____ MDO infant/toddler</p> <p>____ MDO two'</p> <p>____ MDO multi-age (3' &amp; 4's)</p> <p>____ <b>After-school</b> (K-4<sup>th</sup>)</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, 2010. We will make every effort to honor parent requests.**



Please call the ECC office/registrar if you need any information on your child's current enrollment status.



# Registration & Re-enrollment Form

FOR OFFICE USE ONLY 2010-2011

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 \_\_\_





# AFTERSCHOOL PROGRAM

2010-2011 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)**

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

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

**Good Shepherd Lutheran Early Childhood Center  
Programs and Rates for the 2009-2010 School Year  
(all rates effective June 7, 2010)**

PROGRAM			Tuition	Registration Fee	Tuition Deposit
<b>Mothers Day Out (8:30am-1pm)</b>					
M/W/F	Multi-Age	3 years – 5 years	\$245.00 per month*	\$125.00	\$245.00
T/Th	Multi-Age	3 years – 5 years	\$190.00 per month*	\$125.00	\$190.00

\*Pricing includes a morning snack. The hot lunch program will be offered at \$3.75 per meal to the MDO children. If you do not choose to purchase the hot meal, you will be responsible for a sack lunch for your child.

**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	14 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
Multi-Age	3, 4 and young 5 year olds	\$758.00 per month	\$125.00	\$379.00

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

Multi-Age	3, 4 and 5 year olds	\$495.00 per month	\$125.00	\$250.00
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**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, 2010.**

- 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 Multi-Age classes.
- Hot lunch and snacks are included in tuition rate for all full time students, 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.*