

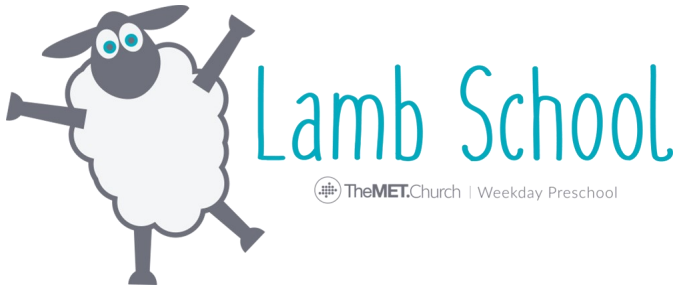
2020—2021 SCHOOL YEAR

PLEASE NOTE:

Incomplete packets will not be accepted

The following is a checklist of pages in the Enrollment Packet. Please initial that each page is completely filled out and ready to be processed by the office.

- _____ Student/Family & Emergency Contact Information
- _____ Student Medical Information & Medical Authorization
- _____ Tuition & Fees Policy
- _____ Student Information
- _____ Student Photo Identification
- _____ Physician's Statement
- _____ Immunization Records or Affidavit (Please note: If your child has a summer birthday, you will be required to turn in an updated immunization record before school starts).
- _____ Hearing & Vision Screening Results (4 & 5 year old's only)
- _____ FARE Plan or Asthma Action Plan, if your child has a diagnosed food allergy or asthma (Medication can be dropped off August 31st - September 3rd from 9:00 - 2:00).
- _____ General Authorizations
- _____ Authorization of Child Pick Up Form
- _____ ACH Tuition Withdrawal Form



13000 Jones Road
Houston, TX 77070
Phone: 281-890-4879
Fax: 281-897-2509

Website: www.LambSchoolOnline.com

Dear Parents,

Thank you for choosing to enroll your child at Lamb School. We are making plans to have a wonderful school year for you and your child. Enclosed you will find your child's enrollment packet. This information is necessary for your child to begin school.

IMPORTANT DATES

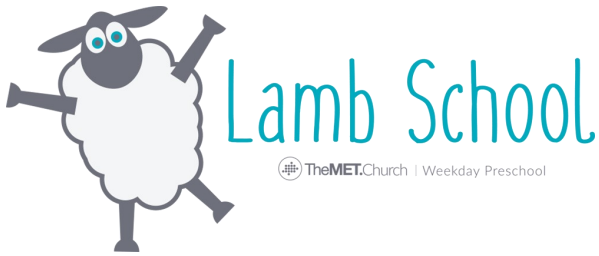
On or Before May 31, 2020	Enrollment Packets and Supply Fee Due
Week of August 24, 2020	Children will receive letter from their teacher
September 3, 2020	Meet the Teacher
September 8, 2020	First Day of School

Please ensure that each form is neatly written and filled out in complete detail. In the event that your child's completed packet is not received by May 31, 2020, your child's place will be filled from our waiting list. ****Incomplete packets will not be accepted.****

Again, thank you for choosing Lamb School for your child's preschool education. These special years of growth are important and it is our pleasure to serve your family. If you should have any questions, please feel free to call the office at 281-890-4879 or stop by at your convenience.

Blessings to you,

Lamb School Admin Team



Student's Name: _____ Date of Birth: ____/____/____

2020—2021 SCHOOL YEAR TUITION & FEES

Classes meet 9 am to 2 pm.

All Friday classes dismiss at 12 noon.

Program	Class Day	Monthly Tuition	Supply Fee
18 - 23 months	M W	\$225	\$170
	T Th	\$225	\$170
2 years (2 by Sept. 1)	M W	\$225	\$170
	T Th	\$225	\$170
3 years (3 by Sept. 1)	M-F	\$440	\$275
	M W F	\$290	\$260
	T Th	\$275	\$255
	T W Th	\$315	\$260
	M-F 9am-12	\$290	\$260
Pre-K (4 by Sept. 1)	M-F	\$415	\$320
	T W Th	\$350	\$295
Bridge (5 by Sept. 1)	M-F	\$450	\$325

The first month's tuition will be due *before* September 1st. For your convenience we offer automatic tuition withdrawal (ACH) that occurs on the 5th of every month. A form is included in this packet. If you wish to pay September's tuition by check or money order, you can come by the Lamb School office between Monday, August 31st - Thursday, September 3rd from 9:00 a.m.—2:00 p.m.

September's tuition must be paid in full in order for your child to start school on September 8th.

Office Use:

Date Paid: ____/____/____ Check # _____ Amount Paid: _____

STUDENT/FAMILY INFORMATION

Student's Name: _____ M _____ F _____

Student's Date Of Birth: ____/____/____ Primary Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mother or Guardian: _____

Occupation: _____ Employer: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Father or Guardian: _____

Occupation: _____ Employer: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Is there a custody order on file with The State of Texas? (circle) NO YES PENDING

If circled YES, a current copy of your court order MUST be attached.

Are you a member of TheMet Church? Yes No

If No, where do you attend church? _____

EMERGENCY CONTACT INFORMATION

Indicate two persons other than those listed above

(A complete address including city, state and zip code is necessary in case of emergency)

Name: _____ Relationship: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

STUDENT MEDICAL INFORMATION

Student's Name: _____ DOB: ____/____/____

Physician's Name: _____ Phone: _____

Address: _____ City: _____ ZIP: _____

Preferred Hospital: _____ Phone: _____

Hospital Address: _____

Please list any diagnosed allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous, long term use.

Diagnosed food allergies: _____

Asthma diagnosis: _____

Drug allergies: _____

Prescriptions taken regularly: _____

Allergic to Insect Bites (please specify): _____

Food Sensitivity: (please list foods) _____

Other (please explain) _____

IF A PHYSICIAN HAS DIAGNOSED YOUR CHILD WITH ASTHMA OR AN ALLERGY (FOOD OR ANY OTHER) A CORRESPONDING ACTION PLAN IS REQUIRED TO BE ON FILE AT LAMB SCHOOL. FORMS MAY BE AVAILABLE THROUGH YOUR PHYSICIAN OR IN THE LAMB SCHOOL OFFICE.

MEDICAL AUTHORIZATION

I hereby grant Lamb School permission to take whatever action is in its best judgement that may be necessary in supplying emergency medical services to my child, _____. I understand that, consistent with the circumstances of the situation and available time, Lamb School will make its best efforts to contact me and follow the instructions of the parent or guardian, physician, or other persons designated by me.

In the event Lamb School is unable to contact the parent or guardian, physician, or other persons, I hereby grant permission to Lamb School to contact and comply with the advice of an available physician, ambulance personnel or emergency room personnel. If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give Lamb School my permission to take my child (or children) to the hospital named above on this form.

Parent or Guardian

Date

TUITION & FEES POLICY

Lamb School is a non-profit ministry of TheMET Church. Tuition is vital to our existence as this is our only source of revenue. To provide the highest possible quality care for your child, the following policies must be maintained:

Tuition Due:	1st of the month
Late Tuition Fee:	\$15.00 fee assessed after the 7th day of the month.
	Child is unable to attend program if tuition is not paid by the 10th day of the month. Tuition must be paid in full or other arrangements made in the office for child to attend.
Tuition Can Be Paid By:	Personal Check Cashier's Check
	Money Order Automatic Withdrawal
Returned Check Fee:	\$25.00 fee is assessed on all returned checks and automatic withdrawal returns.
Registration Fee:	\$95.00 due at time of registration. <u><i>This fee is non-refundable.</i></u>
Supply/Activity Fee:	Due with completed Enrollment Packet. <u><i>This fee is non-refundable.</i></u>
Habitual Late Pick Up:	\$5.00 <u>per</u> five minutes <u>per</u> child. Payment is due the next school day.
	(after 12:10 or 2:10)

- ◆ Tuition is determined according to the program contracted for your child. **There is no credit or refund for school closings, holidays, illness, absences, extended travel, school closings due to inclement weather, acts of God, etc.**
- ◆ Lamb School is closed on the same holidays as Cy-Fair School District.
- ◆ A two-week notice is required to withdraw my child from the program. If less than two weeks notice is given, next month's tuition must be paid in full.
- ◆ A two-week notice is required to reduce or increase the program and must be submitted to the office. These requests will be granted on a space-available basis.
- ◆ Lamb School is not responsible for lost or damaged items.
- ◆ We provide a safe, peaceful Christian atmosphere and we reserve the right to dismiss a child who is disruptive to this environment.

MY SIGNATURE REPRESENTS MY UNDERSTANDING, ACCEPTANCE AND AGREEMENT WITH THE ABOVE STATED POLICIES.

Parent/Guardian

Date

Parent/Guardian

Date

STUDENT INFORMATION

Child's Name (First)	(Last)	Preferred Name
Birthdate	Mother's Name	Father's Name

Student's Parents: Married Separated Divorced

If parents are separated or divorced, please check the parent to receive communications:
 Mother Father Both Other (Please list name): _____

Who lives at home with the child? Please include names and ages of siblings, if any.

Does anyone outside the immediate family live in the home? Yes No
 Relationship to child _____

Do you have an outside caregiver that helps with your child? Yes No
 If yes, who and how often? _____

Do you have any pets at home? If so, what are they and what are their names?

What is the primary language spoken in your child's home? _____
 Does your child understand and speak English? Yes No

Has your child been in a preschool program before? Yes No
 If yes, where? _____

Please circle all of the words that best describe your child's personality and behavior:

active adventurous affectionate anxious bossy bright busy calm cautious cheerful content
 creative curious eager easily angered emotional energetic excitable follower friendly
 gives in easily happy hesitant impatient insecure jealous kind laid back leader
 likes structure/routines loud loving mellow outgoing prefers adult attention quiet reserved
 sensitive serious shares well shy social spontaneous stubborn talkative tentative

What makes your child angry or upset?

What do you find is the best way to "soothe" your child during a difficult situation?

How does your child respond to correction?

Is your child able to verbalize his/her feelings? _____ Yes _____ No

Is your child toilet trained? _____ Yes _____ No
If no, when do you plan to start? _____
Any toileting habits we should be aware of? _____

Does your child have the opportunity to play with peers? _____ Yes _____ No
If Yes, please give ages of playmates _____

What are your child's favorite toys and activities?

Has there been a situation or crisis that might have affected your child? _____ Yes _____ NO
If Yes, please describe _____

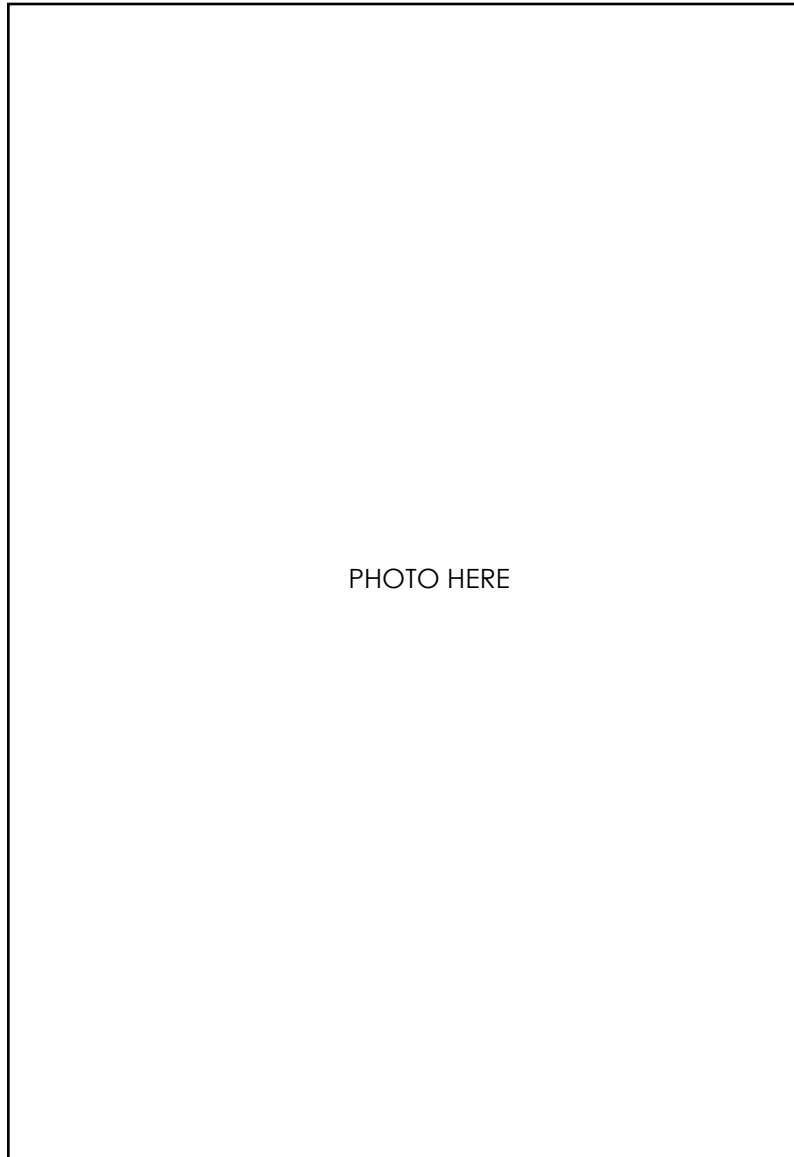
What other information would be helpful for the staff caring for your child to know?

What are the top three goals you would like your child to achieve this year?

- 1.
- 2.
- 3.

STUDENT PHOTO IDENTIFICATION

Please attach a recent photograph of your child to be kept in their confidential student file for identification purposes.



Student's Name _____ DOB ____/____/____

Parent/Guardian Names: _____



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Houston, TX 77070
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PHYSICIAN'S STATEMENT 2020-2021

This form must be completed by your child's healthcare professional

Child's Name: _____ Date of Birth: ____/____/____

I have examined the above child within the past year and find that he/she is able to take part in all activities at Lamb School.

I certify that the immunizations attached have been verified as most current through careful review of a record, or records, issued by health care providers. Doctor's Signature: _____

For Children 4 years and older (including Bridge) - State of Texas Requirement -

Hearing & Vision - All students 4 years and older by September 1, 2020 must show proof of screenings.

Hearing & Vision screening results **must** include the following: Hearing frequencies (1000, 2000 & 4000 Hertz)
Vision including distance acuity (20/20, 20/30)

Asthma & Allergies Information

Does this child have an asthma diagnosis? _____ Yes _____ No

Does this child have a food allergy diagnosis? _____ Yes _____ No

If yes, what foods is the child allergic to? _____

Does this child have any other diagnosed allergies? _____ Yes _____ No

Other medical conditions we should be aware of? _____ Yes _____ No

If Yes, please describe: _____

Health Care Professional Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please attach a **CURRENT IMMUNIZATION RECORD** to this form

Please attach **HEARING & VISION SCREENING RESULTS**, if applicable

THIS FORM MUST BE SIGNED OR STAMPED BY PHYSICIAN OR PHYSICIAN'S OFFICE

GENERAL AUTHORIZATIONS

PHOTO & VIDEO RELEASE

I **grant** Permission for Lamb School teachers and/or staff to photograph my child for the purpose of end of year memory books, personalized crafts, and school-wide programs as examples. Yes _____ No _____

I **grant** Permission for Lamb School teachers and/or staff to video my child for the purpose of school-wide programs as an example.

Yes _____ No _____

I **grant** permission for Lamb School Admin Team to photograph or video my child for Lamb School promotional purposes (For example: Lamb School social media sites or website).

Yes _____ No _____

Our Christmas Program and Spring Program are livestreamed (only 3 year old, 4 year old, and Bridge classes participate)

_____ I **do** desire for my child to participate in a program that is livestreamed.

Yes _____ *No _____

*If no is checked, I understand that my child will not be participating in both programs.
Please initial: _____

LAMB SCHOOL HANDBOOK

I acknowledge that I have accessed and read the **Lamb School Parent Handbook** on the Lamb School website. (A printed copy is available upon request.)

Parent/Guardian Signature: _____ Date _____

I affirm that the information in the Lamb School Enrollment Packet is correct and valid to the best of my knowledge.

Parent/Guardian Signature: _____ Date _____

Authorization of Child Pick Up

Child name: _____

I give permission to the following people to pickup my child from Lamb School at any time.

Names of people (including parents) authorized to pick up my child from Lamb School:

- These people must bring photo I.D. to the office prior to receiving child.
- Name, phone number, relationship, driver's license with state must be filled in by Parent/Guardian.
- This list may be changed at any time in the school office.

PLEASE NOTE: In addition to parents, there must be at least one other adult on your list.

Name	Phone Number	Relationship to Child	Driver's License #	State
Mother				
Father				

Parent/Guardian Signature

Printed Name

Date

