

Faith Lutheran Preschool
10405 Griffith Peak Dr.
Las Vegas, NV 89135 (702) 921-2727 Fax (702) 921-2720
2020-2021 School Year
Registration

I understand that a **\$300 (\$400 per family) registration fee** is payable at time of registration and is **NONREFUNDABLE**.

Child's Name _____ Birth date _____ Gender M___ F___

Address _____ City _____ Zip _____

Ethnic Origin: (check all that apply) American Indian ___ Asian___ Black___ Hispanic___ White___ Other___

Father _____ Mother _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Employment/Title _____ Employment/Title _____

Business Name _____ Business Name _____

We are members of (Church) _____

I have another child enrolled in the Preschool _____ and / or the Academy _____.

It is my intention to enroll in Faith Academy _____ and Faith Jr/Sr High School _____.

Does your child have an IEP or has been assessed for a learning or behavioral concern? Y/N This will aide us in meeting their needs. Details on services needed _____

How did you learn about our school? _____

Did someone refer you to our program? Who? _____

Primary language spoken in the home? _____ Children must speak English.

My child will be _____ years of age on September 30, 2020. Full day is 7:00 A.M to 6:00 P.M. (No more than 10 hours a day). Children must be toilet trained (exception is two's classroom) and speak **English**. The latest a child may start their day is **10:00AM**. **TEACHER REQUESTS are not accepted**. The most important goal is to have a balanced classroom for a positive learning experience for all students. There will be *no photography or video* of children at school by parents or relatives. Please know that their teacher will capture their school year experiences and will give them to you at the end of the year in their portfolio. The first day of school is Wednesday, August 5th, 2020.

I WOULD LIKE TO ENROLL MY CHILD IN THE FOLLOWING PROGRAM:

**FULL DAY PROGRAMS –Lunch and snack provided by parents.
Hours are 7AM- 6PM. No More than 10 hours per day.**

TWOS (Must be 2 by 9/30) 5 Full Days _____

THREES (must be 3 by 9/30) 5 full days _____

FOURS (must be 4 by 9/30) 5 full days _____

FIVES Kinder Prep with Before and After Care_____ (Applicants must be 5 by 12/01, completed a Pre-K Program, & pass the Kinder Prep Readiness Assessment

HALF DAY PRESCHOOL PROGRAMS- Snack provided by parents. Pre-k parents will also provide lunch.

TWOS (must be 2 by 9/30) 8:15AM -11:30 AM 5 days M-F_____ 3 day MWF _____ 2 day T/TH _____

THREES (must be 3 by 9/30) 8:30-11:45 AM _____5 Day (M-F) _____3 Day (MWF) _____2 Day (T/TH)

FOURS (must be 4 by 9/30) (M-F) _____8:00AM -12:00 PM

KINDER PREP PROGRAM (without before and after care)

FIVES Kinder Prep 8:15-2:45 PM (M-F) _____ Applicants must be 5 by 12/01, completed a Pre-K Program, & pass the Kinder Prep Readiness Assessment.

ENROLLMENT IN THE PRESCHOOL DOES NOT GUARANTEE ENROLLMENT IN THE ACADEMY.

Signature: _____ Date: _____

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FINANCIAL AGREEMENT

2020-2021 School Year

1. Tuition is due in 10 installments paid on the *fifth* (August thru May). Payments are due in advance of your child's attendance. The first payment is *due August 5*. Statements will not be issued. Monthly Tuition does not include Holiday Camps.
2. Payments must be made through **Tuition Express**, an automatic withdrawal from your checking account or credit card (see Tuition Express form for fees). An insufficient funds fee of \$50 will be charged if your Tuition Express payment is denied or late.
3. Should tuition become two (2) weeks delinquent; your child will be dis-enrolled.
4. The tuition is evenly distributed over the school year so no discount is given for school holidays/breaks, vacations or days missed for personal reasons. Full time students may enroll for Holiday Camps with a Registration and daily fee. A calendar is provided in your packet.
5. **A \$25 late pick-up fee and \$5.00 per minute after 5 minutes will be charged after program hours for full and part time students.**
6. Parents must provide two week's written notice of withdrawal from the program. If notification is not provided the parent will be responsible for all fees for the program in which the child was scheduled to attend. *No partial months will be refunded.*

FULL DAY PROGRAM: 7:00AM – 6:00PM No more than 10 hours per day

___ Two's	5 Days (M-F)	\$11,120.00	(10 payments of \$1112 mo)
___ Threes/Fours	5 Days (M-F)	\$10,460.00	(10 payments of \$1046 mo)
___ Kinder Prep F/T	5 Days (M-F)	\$10,460.00	(10 payments of \$1046 mo)

HALF DAY PRESCHOOL PROGRAMS:

___ Twos 8:15-11:30 AM	5 Days (M-F)	\$7340.00	(10 payments of \$734/mo)
___ Twos	3 Days (MWF)	\$4790.00	(10 payments of \$479/mo)
___ Twos	2 Days (T/TH)	\$3770.00	(10 payments of \$377/mo)
___ Threes 8:30-11:45 AM	5 Days (M-F)	\$6780.00	(10 payments of \$678/mo)
___ Threes	3 Days (MWF)	\$4590.00	(10 payments of \$459/mo)
___ Threes	2 Days (T/TH)	\$3570.00	(10 payments of \$357/mo)
___ Fours 8:00AM-12:00PM	5 Days (M-F)	\$7290.00	(10 payments of \$729/mo)
___ Kinder Prep 8:15-2:45PM	5 Days (M-F)	\$8670.00	(10 payments of \$867/mo)

Admission requirements prior to attendance:

- Registration forms completed
- Registration Fees
- Enrollment form for Teacher
- A copy of your child's birth certificate
- A copy of your child's up to date Immunization records
- Health Evaluation form signed by Doctor/Nurse
- Permission form signed
- Emergency form completed and signed
- Handbook Receipt / NRS form
- Tuition Express form -Tuition payments will be made through Tuition Express (checking account or credit card) Fees will apply for charge card only
- Pesticide form (Yearly)
- Allergy Action Plan (If needed) - required medications if allergies

I UNDERSTAND AND AGREE TO THE ABOVE FINANCIAL POLICIES. I ALSO UNDERSTAND THAT ENROLLMENT IN THE PRESCHOOL DOES NOT GUARANTEE ENROLLMENT IN THE ACADEMY.

Signature _____ Date _____

Please Print Name _____

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**Permission Form
2020-2021 School Year**

SOCIAL MEDIA/CLASSROOM BULLETIN BOARDS/PORTFOLIOS/PUBLIC RELATIONS

I/We understand that photographs or video taken by Faith Lutheran Preschool Staff involving my child while attending Faith Lutheran Preschool may be used in connection with Social Media and/or with the Public Relations Program for Faith Lutheran Church and Schools. In addition, Teachers and Staff may post picture of children on bulletin boards located within the building of Faith Lutheran Preschool. Names of children will not be posted or given. At the end of the year parents will receive a portfolio that will include photos of children. At no time will a child be pictured on a brochure/flyer for the school unless a parent/guardian has approved and signed acceptance.

Signature of Custodial Parent or Legal Guardian

Date

MEDICAL EMERGENCY / TRANSPORTATION PERMISSION

I represent to the Church, under penalty of perjury, that I am the legal custodial parent or court-appointed guardian of this child. I agree to the following conditions during the term of my child's enrollment at Faith Lutheran Preschool.

ON CAMPUS ACTIVITIES

I understand and agree that my child may be attending activities in the Chapel, Library, other classrooms, etc with the supervision of the Preschool staff. I give permission for my child to participate fully in such activities.

MEDICAL EMERGENCY / TRANSPORTATION

I authorize Faith Community Lutheran Church and Schools, it's employees, members, agents, and representatives to engage the services of any licensed physicians, hospitals, emergency medical or paramedic personnel to render emergency medical treatment to my child if deemed necessary at the sole discretion of Faith Community Lutheran Church. I agree to be responsible for all costs incurred in the rendering of such medical treatment to my child. In the event of an emergency evacuation I authorize Faith Community Lutheran Church, it's employees, members, agents, and representatives to transport my child to the appropriate evacuation site.

RELEASE AND INDEMNITY

I release from liability and agree to indemnify Faith Community Church, it's employees, members, and representatives from and against all claims, costs, attorney fees, or judgments arising out of or in any way connected to (1) the care provided to my child by Faith Community Preschool, or (2) any act or omission of my child which causes damage or injury to any person or property.

Signature of Custodial Parent or Legal Guardian

Date

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This signed receipt is required by the Nevada Bureau of Childcare Services and must be placed in your child's file.

Child's Name _____

PARENT/GUARDIAN NOTIFICATION OF NRS.178

I, _____, (parent/guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

Signature of enrolling parent/guardian

date

PERMISSION TO RELEASE INFORMATION

I understand that during the time my child is in the facility the director may be asked for information regarding my child.

____ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

____ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the Bureau of Services for Child Care has access to my child's record as the licensing agent and may view the record upon BSCC facility inspection.

Signature of Parent/Guardian

Date

PARENT HANDBOOK RECEIPT

I have read the Parent Handbook (available on our website or you may request a printed copy) and in choosing Faith Lutheran Preschool, agree to support the guidelines of this Handbook.

Signature of Parent/Guardian

Date

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CHILD ENROLLMENT FORM FOR TEACHER
2020-2021 School Year

Child's Name _____ Birth date _____

What name does your child like to go by? _____

Mother's Information

Father's Information

Name _____ Name _____

Phone _____ Email _____ Phone _____ Email _____

Marital status of Parents _____

Names & ages of other children in the family _____

If full time student, what is approx. drop off and pick up times (for scheduling purposes) _____

Has your child been enrolled in preschool before? _____

Language spoken in the home (children must speak English to be enrolled) _____

Does your child have any food allergies? What foods? _____ Epi Pen (circle one) Y/N

Does your child take naps? How long? _____

Has your child been baptized? Date _____ Are you interested in learning about Baptism? _____

Does your child attend church or Sunday School? _____

What kinds of pets, if any, does your child have? _____

Does your child have any fears, anxieties or special habits we should be aware of? _____

What do you hope your child will gain from preschool? _____

Each child is such a unique creation that our final question to you, the parent, is open. If there is anything which you feel will help us to know and better understand your child, please use the space below. If at any time during the year there are changes in your child's life, let us know that also. Thank you for your cooperation.

Signature _____ Date _____

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HEALTH EVALUATION FORM (must be signed by Dr. or Nurse)
(please print)

I have examined (child's full name) _____ and find him / her to be in general good health. I find him / her suitable for enrollment in a childcare program. There are not conditions or treatments required that the childcare center would be unable to handle.

Any known conditions under treatment:

Please note if the above named child is on any prescribed medications:

Doctor's phone number _____

Date of examination _____

Physician or Nurse name (please print)

Signature of Physician or Nurse

EMERGENCY REGISTRATION FORM

Child care facility: Faith Lutheran Preschool, 702-921-2727

Child Information:

Last name _____ First name _____ Religion _____ Sex _____

Address _____ Phone # _____ Birthdate _____

Father _____ Mother _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Occupation _____ Occupation _____

Business Name _____ Business Name _____

Authorized escort (other than parent) or persons who may be called in an emergency:

Name _____ Relation _____ Address _____ Phone _____

Name _____ Relation _____ Address _____ Phone _____

Required immunizations (MUST be viewed by child Care Facility)

Recorded with Doctor	Health Dept	Military
DATES	DPT	POLIO
Series	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____
Boosters	4. _____ 5. _____	4. _____

In the event of accident or illness to the child, I hereby authorize operator of this child care facility to secure any necessary medical aid and/or treatment from: Doctor _____ or the doctor who is on call or available from the _____ hospital / clinic or the nearest hospital or clinic.

In the event I cannot be contacted immediately for notification, or shall fail or refuse to remove the child affected with a communicable disease or other valid reason after notification of illness and request for removal of the child, I understand that the appropriate authorities may remove my child from the premises of this child care facility.

Furthermore, I agree to be directly responsible for all costs and expenses connected with the examination, diagnosis, treatment and removal of this child.

Date _____ Signature of parent or guardian _____

HEALTH RECORD OF CHILD

Date of last physical exam _____ Physician's name _____

Give date if child has had any of the following:

Chicken pox _____ Mumps _____ Measles _____ Asthma _____
Hay fever _____ Epilepsy _____ Diabetes _____ Whooping cough _____
Rheumatic Fever _____

Is the child allergic to any foods? (list foods) _____

What are your child's reactions to allergy foods? _____ Epi Pen Needed? _____

Does the child any special problems? _____

Has the child ever been in **Licensed Child Care** before? _____ Where? _____

Date of admission _____ Date of discharge _____



Parents Name _____

Child's Name _____

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express. To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management. No additional Fees.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize Faith Lutheran Preschool (In the Beginning Child Development Center) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize Faith Lutheran Preschool to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize Faith Lutheran Preschool to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____ DEPOSITORY - Bank or Credit Union Name _____

Address _____ Bank or Credit Union Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type: Checking _____ Savings _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

This authorization will remain in full force and effect until I (we) notify Faith Lutheran Preschool in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check

Please attach a copy of a voided check here. Deposit slips not accepted.



Parent's Name _____
Child's Name _____

For Credit Card Authorization, complete and return to center management. A 2.7% service fee will be applied each month tuition is withdrawn.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize Faith Lutheran Preschool (In the Beginning Child Development Center) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and Faith Lutheran Preschool. I (we) authorize Faith Lutheran Preschool. to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between Faith Lutheran Preschool and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give Faith Lutheran Preschool written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT FAITH LUTHERAN PRESCHOOL REPRESENTATIVES
FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone # _____

Cardholder Billing Address Account Number _____

City State Zip Expiration Date _____

Cardholder Signature Date _____

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For Official Use Only: Date Received: _____
Employee Signature: _____

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2020-2021 Notice of Pesticide and Air Freshener Application

This signed receipt is required by Southern Nevada Health District.

A pesticide application is scheduled quarterly at Faith Lutheran Preschool and is applied inside and outside as required by law. The application of pesticide is provided by a licensed pest control operator and required by the SNHD.

Air Fresheners may be used on an as needed bases in the classrooms and/or bathrooms.

Please see the front desk if you require any further information regarding these two items.

_____ I have read the above notification.

Child's Full Name

Signature of enrolling parent/guardian

Date