

**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 7:30 A.M to 5:30 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 5<sup>th</sup>, 2020.

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

**FULL DAY PROGRAMS –Lunch and snack provided by parents.  
Hours are 7:30AM- 5:30PM.**

**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: 7:30AM – 5:30PM**

___ 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 <b>8:15-11:30 AM</b>	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 <b>8:30-11:45 AM</b>	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 <b>8:00AM-12:00PM</b>	5 Days (M-F)	\$7290.00	(10 payments of \$729/mo)
___ Kinder Prep <b>8:15-2:45PM</b>	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:

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

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Doctor's phone number \_\_\_\_\_

Date of examination \_\_\_\_\_

Physician or Nurse name (please print)

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Signature of Physician or Nurse

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**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	MMR	HIB	HEP B	HEP A
Series	1. _____	1. _____	1. _____	1. _____	1. _____	1. _____
	2. _____	2. _____	2. _____	2. _____	2. _____	2. _____
	3. _____	3. _____		3. _____	3. _____	
Boosters	4. _____	4. _____		4. _____		
	5. _____	5. _____				

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](http://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 \_\_\_\_\_

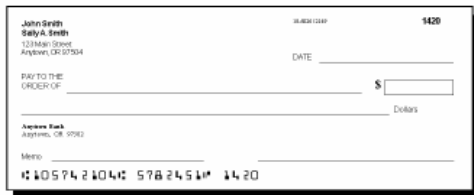
Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

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 \_\_\_\_\_

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

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**