

Memorial Lutheran Pre School



Growing in God – Learning in Love

Connecting Families to Christ

5810 Third Street, Katy Texas 77493 (281)-391-0172 Fax 281-391-7579

www.mlckaty.com

June 2017

Welcome to Memorial Lutheran Preschool! We are delighted that you and your family will be a part of the fun and excitement this school year. It is our mission to support, encourage, and connect families to Jesus, by providing a foundation of Christ-centered academic learning, equipping them to be His witnesses and make disciples wherever they go.

Prior to the start of the school year, it is important that you complete and return the following forms. All forms should be filled out by a parent/guardian and returned to the school office, emailed, or mailed back by June 30, 2017.

The following forms are required:

- ☐ Getting to Know You
- ☐ Medical History
- ☐ Permission to Receive Emergency Care
- ☐ Pictures and Sharing my Child's Info
- ☐ General Authorization and Release
- ☐ Physicians Statement
- ☐ Copy of your Child's Current Immunization Records
- ☐ Food Allergies Emergency Plan
- ☐ Parent Handbook Receipt
- ☐ Volunteer Form

Don't hesitate to call the school office if you have any questions.

Serving Him through the children,

Linda Stahmer

Memorial Lutheran Pre School



Food Allergy Emergency Plan

If you listed **any** Food Allergies on the Medical History form, this plan **must be completed, signed** and **dated** by your child's Health Care Professional.

Child's Name: _____ Date of Birth: _____

Doctor: _____

Address: _____

Phone: _____ Fax: _____

Food(s) child is allergic to	Possible Symptoms if child is exposed to this food	Steps to take if child has an allergic reaction

By signing below, the parent or guardian of this child gives Memorial Lutheran Preschool permission to post the child's food allergy in any area where food is served or prepared.

Dr. Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

Office use only: _____ Classroom _____ Emergency Evacuation Binder _____ Field Trip Folder

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2017-2018 School Year

I. General Authorization and Release

I, _____ (name), parent/guardian of _____ (child's name) understand that my child's participation with or attendance at Memorial Lutheran Preschool (the "School"), will expose my child to inherent risks, and that regardless of the precautions taken by the School, illness and/or injury may occur.

In consideration of my child's enrollment in the School, I hereby release, waive, discharge, and covenant not to sue and agree to indemnify, defend and hold harmless for any and all purposes, Memorial Lutheran Church (the "Church"), the School, and each of the School and Church's Board of Directors and its officers, servants, agents, volunteers or employees (the "Releasees") from ANY AND ALL LIABILITIES, CLAIMS, DEMANDS OR INJURY INCLUDING DEATH that may be sustained by my child while participating in such activity or while on the premises that are owned, leased or controlled by Releasees, including travel to and from Field Trips (as described in Section II). I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

I acknowledge that the school may undertake some strenuous physical activities and I voluntarily choose to allow my child to participate in such activities. I know of no medical reason why my child should not participate. I voluntarily assume full responsibility for notifying the School should my child be unable to participate in the day-to-day activities (including physical activities) provided by the School.

I understand that Releasees may not maintain any insurance policy covering any circumstance arising from my child's participation in School activities. As such, I am aware that I should review my child's personal insurance coverage.

It is my express intent that this General Authorization and Release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the State of Texas.

I understand and agree that Releasees cannot be expected to control all of the risks articulated in this form, but Releasees may need to respond to accidents and potential emergency situations. Therefore, I have executed a "Permission to Receive Emergency Medical Care" form on behalf of my child as part of my child's registration package. I understand and agree that it is my sole responsibility to promptly update all information provided to the School for my child, including the information contained in the Permission to Receive Emergency Medical Care. In the absence of a current executed Permission to Receive Emergency Treatment for my child, I hereby provide my express consent for any medical treatment that may be required to stabilize my child with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify, defend and hold harmless Releasees for any costs incurred to treat my child, even if a Releasee has signed hospital documentation promising to pay for the treatment due to my absence or inability to sign such documentation.

I understand and agree that it is my responsibility to make arrangements for drop off and pick up of my child at the times communicated by the School. I agree that I will promptly pick up my child and drop my child off in accordance with the School's policies and that I shall not allow my child to be on the School's grounds before or after school without supervision.

However, if my child attends an after-school daycare, he/she has permission to walk or ride in a vehicle to that daycare. The after-school daycare which my child will be attending is _____ and the telephone number of that daycare is _____.

I understand that the morning snacks will be provided by parents of children in my child's classroom on a rotating basis scheduled by a classroom teacher with the monthly snack menu specifying foods to be brought each day. I acknowledge that although the School will examine such snack, the School cannot be held responsible or liable for the contents of any snack brought into the classroom. I agree to promptly notify the school of any food allergies my child may have, to monitor the rotating snack schedule and to notify the School of any scheduled snack to which I believe my child may be allergic. I agree to work with the school to remove any such snacks from the snack schedule. Furthermore, if any child stays for lunch bunch, I agree to provide lunch from home. I understand and agree that Memorial Lutheran Preschool is not responsible for its nutritional value or for meeting the child's daily food needs.

I agree that it is my responsibility to remain informed of the activities, projects and curriculum in my child's classroom, and to plan accordingly to have my child adequately prepared for School activities including providing for my child's proper attire or removing my child from the classroom (without disruption of the class) if I do not want my child to participate any certain activity.

II. Field Trip Authorization and Release

In addition to my authorization for my child to attend the regularly scheduled activities of the school, my child has permission to accompany the School on the Field Trips I have marked on the attached Field Trip Schedule. Specific information about Field Trips (date and location of the field trip and expected departure and return times) will be posted in the child's classroom at least 48 hours in advance of a field trip.

If I have withheld permission for my child to attend any field trip, I agree that I will find other care arrangements for my child, or keep my child home, during the scheduled field trip time. I acknowledge that the School is not responsible for providing program alternatives to scheduled Field Trips.

I agree that siblings may not accompany the class on Field Trips.

Memorial Lutheran Preschool has my permission to transport my child by walking or vehicles driven by persons meeting the following criteria: (i) persons providing transportation must show a valid driver's license and proof of insurance (ii) a School staff member will travel with each vehicle; (iii) each car may transport only as many children and adults for which it has seat belts; and (iv) if a child must be secured in a safety seat or booster seat, I will provide the seat prior to the scheduled departure time for the field trip. I understand that the School may refuse to transport my child if I have not provided a safety or booster seat that meets the state criteria for transporting the size of my child.

III. Acknowledgment.

In signing this Authorization and Release, I acknowledge that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing Authorization and Release have been made to me. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age and am otherwise competent to execute this agreement. I consent to the information in my child's registration packet being shared with Employees, Directors and Staff of the School.

Signature of Parent/Guardian _____ Date: _____

Following is a list of potential Field Trips for MLP.

Check all Field Trips your child will attend:

- ☐ PUMPKIN PATCH – Towards the end of October, weather permitting, we will walk to the Methodist Church on 4th Street to participate in the pumpkin patch festivities.
- ☐ CHRISTMAS CAROLING AT WELLS FARGO – The week before Christmas break, weather permitting, we will walk to the Bank to sing Christmas carols.
- ☐ SPLASH DAY. Weather permitting, Splash Day will take place at Memorial Lutheran Preschool . I hereby release Memorial Lutheran Preschool of all liability from any injury or accident occurring during Splash Day. There will be wading pools filled with not more than one foot of water. I authorize the adult leader in charge to secure medical attention at my cost for my child in the event of injury or accident.
- ☐ POST OFFICE. In the spring, weather permitting, we will walk to the Post Office on 4th Street to mail our Valentines.
- ☐ HERITAGE PARK ASSISTED LIVING FACILITY located on George Bush Park Drive. Weather permitting we will walk to Heritage Park Assisted Living Facility and sing some of the songs we've learned. This may be done in October and / or the Spring.

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“Getting to Know You”

2017-2018 School Year

Child's Name: _____ Nickname: _____

Birth date: _____ Sex: _____ Home Phone: _____

Address: _____ City: _____

Zip Code: _____ Subdivision _____ Email address: _____

Father's Name: _____ Address: _____

Father's Occupation: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Address: _____

Mother's Occupation: _____ Work Phone: _____ Cell Phone: _____

Race: _____ Asian _____ Black _____ Hispanic _____ White _____ Other

Siblings?

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Family Religious Preference _____ Current Church Affiliation _____

Baptized? _____ (We want to celebrate your child's baptism birthday) Date _____

What opportunities does your child have to be with other children his/her own age? _____

What has been your child's previous preschool experience? _____

Is your child potty trained? _____ Yes _____ No

Does your child need assistance with toileting? _____ Yes _____ No

Does your child play well with peers? _____

Favorite Playthings: _____ Pets: _____

How does your child react to discipline? _____

Does your child have any special fears? _____

When your child gets upset, what helps him/her calm down? _____

Have there been any recent changes in the family? i.e., birth, death, divorce, etc any additional information that will help us to plan for your child. Please use an additional sheet if you need more space.

How did you find out about our school? _____

What made you decide to enroll your child at MLP? _____

Enrollment Agreement: We pledge our support of Memorial Lutheran Preschool. We will read the Parent Handbook, which will be available no later than Parent Orientation and pledge to abide by the operational policies therein. We also accept our financial responsibility and pledge to pay the fees and tuition.

Signature of Parent/Guardian: _____ Date: _____

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MEDICAL HISTORY
PLEASE FILL IN ALL THE BLANKS
2017-2018 School Year

Child's Name _____ Birth date: _____

Physician's name / Phone # _____

Physician's address: _____

Alternate physician name and phone #: _____

Does your child have any disabilities? If so, please explain: _____

Does your child have difficulty with any of the following?

Speech? _____ Hearing? _____ Vision? _____

Current Medical Condition(s): _____

Current medications; prescription and over-the-counter: _____

Past medical problem(s): _____

Any other medical problems that you know of? _____

Does your child have any allergies to: If so, please describe.

Food _____ Medication _____

Seasonal _____ Insects _____

Has your child had: 3 Day Measles _____ Chicken Pox _____ Other _____

Has your child ever been hospitalized? _____ Reason: _____

Operations or significant illnesses: _____

Has your child ever had convulsions? _____ When? _____

Frequency _____

Is there any present illness in the family? _____

Please list any dietary restrictions: _____

Please describe your child's current physical condition: _____

Signature of Parent/Guardian

Date: _____

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PARENT HANDBOOK RECEIPT

2017-2018 School Year

Your Child: _____
(print name)

By my signature below, I acknowledge I have reviewed the digital version of the 2017-2018 Parent Handbook from the preschool website (www.mlckaty.com/preschool), have read it and will abide by its policies.

Signature

(Print your name)

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Permission to Receive Emergency Medical Care

Child's Name _____ Birth Date _____

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Administer CPR;
2. Attempt to contact parents or guardian through numbers listed on this emergency information form;
3. Attempt to contact the child's physician;
4. If parents/guardian and/or physician cannot be contacted, to do any one or all of the following:
 - a. Call another physician or paramedics;
 - b. call an ambulance;
 - c. have the child taken to an emergency hospital in the company of a staff member; and/or
 - d. authorize medical treatment to stabilize the child, if necessary.
5. Any and all expenses incurred in seeking medical treatment and/or transportation of the child shall be the sole responsibility of the child's guardians.
6. The school will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment or for parents' failure to promptly update any and all information provided to the school as applicable.

If the guardian(s) listed below cannot be reached, the persons listed on "Getting to Know You" form may be contacted.

Agreed and accepted:

Parent Signature (Please print) Date

Names, addresses and phone #'s of people, other than a parent, to whom my child may be released or can be called if parent cannot be reached in an emergency:

NAME	ADDRESS	PHONE #	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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2017-2018 School Year PHYSICIAN'S STATEMENT

Child's Name: _____

This form must be filled out by your child's physician and should include the physician's address and telephone number. **NOTE: All four and five-year-olds must have hearing and vision testing results on file by December of this year.** You may have this done by your doctor or use the registered screener at our school. The screening at school will be done in the fall of 2017. You will be advised of the specific date.

Please attach a copy of the child's original immunization record. It must be validated by a physician or other health-care professional with a signature or rubber stamp and include the child's name and birthday, number of doses and vaccine type, and month, day and year the vaccine was received. **It is MLP's policy not to accept Texas Exemption From Immunizations.**

TO THE PHYSICIAN:

This child has been enrolled in Memorial Lutheran Preschool. Our activities include both quiet and vigorous indoor and outdoor play. Our playground has climbing equipment. In your opinion, is this child able to participate in such activities?

YES

or

NO

(Please circle one)

Physician's Signature: _____

DATE

Please Print physician's name

Address _____

Telephone _____

Parent Signature

DATE

Please Print

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PICTURES and SHARING MY CHILD'S INFO

Dear parents,

MLP would like to occasionally include some candid school photos in our newsletter and posting in the church Welcome Center. No names would be used in the caption. If you agree, please sign below. If not, please check NO.

Thank you
Linda Stahmer

I give Memorial Lutheran Preschool permission to use my child's photograph as stated below. No names will be included:

Yes	No	
_____	_____	Class projects – Yearbook (Not distributed outside the classroom)
_____	_____	Church & School Newsletter & displayed in the Welcome Center

I give Memorial Lutheran Preschool permission to share my child's information with his/her classmates only as listed below:

Yes	No	
_____	_____	Name
_____	_____	Address
_____	_____	Telephone number
_____	_____	Parent's email address

Parent signature (Date)

Please print name (Date)

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2017-2018 School Year Volunteer Form

Name _____

Phone _____

Email: _____

Child's Name _____

Class _____

I would like to help with:

_____ Story Time (reading to the children) Days available _____

_____ Classroom helper (die cutting, cutting, coloring etc) Days available _____

_____ Work at home (cutting, coloring, etc). Days available _____

_____ Library – putting books away

_____ Assist with providing lunch for monthly staff meetings. Month? _____

_____ Assist with Spring Fling

Thank you for your assistance.