

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

May 2018

Welcome back to Memorial Lutheran Preschool! We are delighted that you and your family will be a part of the fun and excitement again 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.

We have streamlined the amount of paperwork returning students need to complete. Please 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 29, 2018.

The following forms are required:

1. Annual Update for Returning Students only
2. Food Allergy Emergency Plan (if no allergies, simply write NONE) and sign
3. Physician's Statement
4. Updated vaccination record
5. Pictures & Sharing Info
6. 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

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Date: _____

Annual Update for Returning Students Only

Child's Name _____ Church Home _____

Address _____

City

Zip Code

D. O. B.

Subdivision _____ Home Phone # _____

Email Dad: _____ Email Mom: _____

Dad's work phone _____ Dad's cell phone _____

Mom's work phone _____ Mom's cell phone _____

Siblings _____

Favorite toys _____

Recent changes in the family dynamics (i.e., death, divorce, etc) _____

Medical issues discovered in the past year _____

Allergies discovered in the past year _____

_____ I give permission for my child to participate in field trips

Y/N

_____ I have read the Parent Handbook online _____

Y / N

Date

Child's physician _____ Phone _____

Physician address _____

Attach a copy of current immunization report. Four year olds will need to provide hearing & vision testing results OR your child may be tested here at school November 14 & 15, 2018.

Name, address and phone #s of persons, **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

NAME	ADDRESS	PHONE	RELATIONSHIP

I hereby agree to the terms of the General Authorization and Release which I have previously signed.

Signature

Please Print Name

Date

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.
If no allergies to anything, please write **NONE**.

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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2018-2019 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 2018. 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)

Memorial Lutheran Pre School



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2018-2019

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.