**LITTLE LAMBS, TRINITY EARLY LEARNING CENTER**



Registration Packet

Preschool Class

**Carri Brown, Director**

**c.brown@trinitylutheranfortmorgan.com**

**(970) 867-4931**

**School Supplies**

**Part Day Supplies**

* Backpack
* Change of clothing
* 1 labeled water bottle
* 4 packages 5oz Dixie cups
* 2 – 100 ct. packages Spoons
* 1 -- 100 ct. Package Forks
* 1 package napkins
* 1 box Kleenex

**Full/ Extended Day Supplies**

* Backpack
* Change of clothing
* 1 labeled water bottle
* Small blanket or beach towel for rest time
* 4 packages 5oz Dixie cups
* 2 – 100 ct. packages Fork
* 1 – 100 ct. Package Spoons
* 1 package napkins
* 1 box Kleenex

**Required Documents for Registration**

* Copy of child’s Birth Certificate
* Copy of Immunization Record or Waver
* Current Physical due when child starts (form enclosed)

Families,

Entering preschool is a new and exciting adventure for both you and your child. Our goal is that every child will be loved, cared for, and respected by everyone he/she comes into contact with. Learning happens gradually and at an individual pace.

We want to ensure your child is provided with opportunities to meet his/her full potential. With this new experience come new challenges, with God’s grace and guidance we will overcome them together, reaping the joys of your child’s growth, learning and development.

**Miss Carri**

**Play Today?**

You say you love your children and are concerned they learn today?

So am I-that’s why I’m providing a variety of kinds of play.

You’re asking me the value of blocks and other such play?

Your children are solving problems. They will use that skill every day.

You’re asking what’s the value of having your children play?

Your daughter’s creating a tower; she may be a builder someday.

You’re saying you don’t want your son to play in that “sissy” way?

He’s learning to cuddle a doll; he will be a father someday.

You’re questioning the interest of centers; they just look like useless play?

Your children are making choices; they’ll soon be on their own someday.

You’re worried your children aren’t learning; and later they’ll have to pay?

They’re learning a pattern for learning; for they’ll be learners always.

**LITTLE LAMBS, Trinity ELC 2021-2022 REGISTRATION FEE AND TUITION POLICY**

**Annual Registration Fees---** All incoming/returning students are assessed a non-refundable registration fee. This fee is due upon enrollment at Little Lambs and helps offset the cost of purchasing classroom materials for the school year and includes a class t-shirt.

Preschool $115

**Tuition---**Trinity Lutheran School utilizes the FACTS Tuition Management Program (Please see the FACTS information sheet) which deducts payments directly from your bank account. You may choose to have these deductions made on the 5th and/ 20th of the month. There is a $45.00 annual FACTS agreement fee that will be assessed when your account is posted. If payment of tuition or fees becomes delinquent, the school reserves the right to deny attendance until payment is made or an alternate arrangement has been approved. If an emergency situation arises the Director should be notified as soon as is possible.

**Tuition Prices Effective June 1, 2021**

|  |  |  |
| --- | --- | --- |
| **Part day 8-11:00 -3 hrs**  **(7:30 AM start option available)** | **2021-2022** | **Each Additional Child in Little Lambs** |
| 2 days 6hr/wk (24 hr/mo) 8 days | $95 | $80 |
| 3 days 9 hr/wk (32 hr/mo)12 days | $130 | $110 |
| 4 days 12 hr/wk (48 hr/mo) 16 days | $175 | $145 |
| 5 days 15 hr/wk (60 hr/mo)20 days | $220 | $180 |
|  |  |  |
| **Fullday 7:30-3:00 7 1/2 hours** |  |  |
| 2 days 15 hr/wk (60 hr/mo) 8 days | $220 | $180 |
| 3 days 22 1/2 hr/wk ( 90 hr/mo) 12 days | $325 | $265 |
| 4 days 30 hr/ wk (120 hr/mo)16 days | $425 | $345 |
| 5 days 37 1/2 hr/wk (150 hr/mo)20 days | $530 | $430 |
|  |  |  |
| **Extended day 7:30- 5:30 10 hrs** |  |  |
| 2 days 20 hrs/wk (80 hr/mo) 8 days | $315 | $255 |
| 3 days 30 hrs/wk (120 hrs/mo)12 days | $460 | $350 |
| 4 days 40 hours/wk (160 hrs/mo)16 days | $610 | $490 |
| 5 days 50 hours/wk (200 hrs/mo)20days | $755 | $610 |

**The Little Lambs will be CLOSED for the following holidays:**

Labor Day, Thanksgiving and the day after Thanksgiving, Christmas Eve, Christmas, and Day after Christmas, New Year Eve and New Year Day, Presidents’ Day, Good Friday, Memorial Day, 4th of July.

**Little Lambs, Trinity ELC 2021-2022**

**Student Information for the Master Record**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of pupil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_ Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adopted /Foster\_\_\_\_\_\_\_\_\_

(Month, Day, Year) (City and State)

Student is living with: \_\_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_\_\_ Stepfather

\_\_\_\_\_Stepmother Other: Name/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City, State, ZIP Code)

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City, State, ZIP Code)

Home Phone \_\_(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church where baptized \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Baptism \_\_\_\_\_\_\_\_\_\_\_\_ (Name, City, and State) (Month, Day, Year)

Families Home Church/ Pupil’s Sunday School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, City, and State)

List of schools which the pupil previously attended.

Date School and Location

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about us: \_\_\_Friend \_\_\_\_Family \_\_\_ Computer \_\_\_ Advertisement

\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Little Lambs, Trinity ELC 2021-2022**

**Family Contact Information:**

(PLEASE PRINT)

**Father:** Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother**: Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where Employed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_

Names of Brothers and Sisters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_

Information such as the weekly Tidbits, monthly calendar, and information regarding upcoming events will be sent electronically.

If you would like to have emergency messages texted to a person other than parents/guardians, please list below.

Name & Phone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Other Than Parent/Guardian**

In Case Child Gets Sick Or Needs To Be Picked Up.

Student’s Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CASE OF EMERGENCY AT SCHOOL:

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_

School officials have my permission to obtain immediate emergency medical treatment for my child if, in their opinion, this becomes necessary. I will assume any resulting expenses.

In the event of a crisis situation that the children are removed from campus, the children will be escorted to Murdock’s and parents will be notified.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/ GUARDIAN SIGNATURE OF CONSENT DATE**

**Little Lambs, Trinity ELC 2021-2022**

**Medical & Health Treatment Permission Form**

**CONFIDENTIAL INFORMATION** Will be shared with appropriate staff.

**Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any of the following health problems? Yes/No If yes, please circle and comment below:**

ADD/ADHD Diabetes Hay Fever Heart Condition Speech

Asthma Ear Infections, frequent Head Injury/Concussion Lung/Respiratory Stomach

Blood Disease Eating Concerns Headaches Prematurity Ulcer

Bone/Joint Emotional Hospitalizations Seizures Vision Concerns

Bowel/Bladder Glasses/Contacts Hearing Loss Sleeping Concerns Weight Concerns

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other concerns? (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:** Does your child have any significant allergies/sensitivities that you feel school personnel need to know about?

**Yes/No** If yes, list allergy/sensitivity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child react? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How do you treat it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications:** Does your child take medication? **Yes/No** If yes, for what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list name of medication/s and dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will this medication be given at school\*? **Yes / No** If yes, what time? \_\_\_\_\_\_\_\_ \*\*Medication form required.

**Child’s Medical Home:**

**Doctors Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address &Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dentist Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address & Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance**: **Insurance Company**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medicaid #**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHP+** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No insurance at this time \_\_\_\_\_\_\_\_\_

**Emergency Care Permit**: When a child suffers any injury while in school, an immediate and continuing effort will be made to contact the parents. In the case of serious injury or illness, first aid will be rendered in accordance with local school policies. If ambulance service is necessary, parents must assume financial responsibility.

If I cannot be reached by telephone in the event of an emergency involving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s name)

Please send my child to \_\_\_\_\_Colorado Plains Medical Center, 1000 Lincoln, Ft. Morgan 867-3391

\_\_\_\_\_ East Morgan County Hospital, 2400 Edison, Brush 842-6200

**Daytime phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature/Printed Name of Parent or Guardian

**LITTLE LAMBS, Trinity ELC 2021-2022**

**Photo, Video and Name Release Form**

Throughout the school year, photographs and video images may be taken of students or families of Trinity Lutheran School / Little Lambs, Trinity ELC during school activities. These may be used on the school website, Facebook page, and/or for publicity purposes. Trinity Lutheran School/Little Lambs may use all three to provide the public with information about our school and promote news taking place in our school.

When photographs or video images of students or families are used on the school website, Facebook page, or publicity purposes they may be identified by first and last name. Parents/guardians must sign a personal photo and video image release form in order for their family member’s photos or video images to be displayed.

Please sign the form below to let us know if we are able to use your family member’s photos or video images to promote school programs should his or her photo be taken.

Thank you!

**(Check One)**

**( ) Yes**, I consent to the use of my family member’s photo or video images on the Trinity Lutheran School / Little Lambs Website, Facebook page and for publicity purposes. I understand that my family member’s photos or video images *may be* identified with first and last name.

\*Little Lambs students will not be named on our social media page.

**( ) Limited,** I consent to the use of my family member’s photo to be used ONLY at the school/ classroom.

**( ) No**, I do not wish my child’s photos or video images used by Trinity Lutheran School / Little Lambs in the classsroom, for publicity purposes, or on social media.

Student Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LITTLE LAMBS, Trinity ELC 2021-2022**

**Policies**

**Sign-In and Sign-Out:**

Every child must be signed in/out each day at the school. Log in to the attendance program with your unique code to check-in/out. Upon greeting the child, the teacher will examine the child for signs of illness and check their temperature. You or an adult listed on your pick up list, who is 18 years of age or older, must sign your child out of the program before, the child leaves the premises. This is a state requirement and establishes a flow of responsibility.

**Late Pick Up:**

Please notify the school as soon as possible if an emergency arises and you will be late picking up your child. If you do not call or late pickups become habitual (more than once per month) a $25 fee will be assessed if your child is not picked up within 15 minutes of the end of class. An additional $25 will be charged for every 15 minutes thereafter. All fees must be paid prior to the next scheduled class time or your student will not be allowed to return.

If a child has not been picked up by an authorized person within 15 minutes of the end of class, the Teacher or Director will attempt to call the parent or guardian. If there is no response, the teacher or Director will attempt to call the emergency person listed on the registration forms. If, after all attempts are made, and an authorized person has not picked up the child or contacted the preschool, the Director will call the Department of Human Services.

I have read and understand the above policies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent /Guardian signature)

I have received and read theparent/studenthandbook \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/ Guardian signature)

I give my permission for use of a cot for full or extended daynaps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/ Guardian signature)

I give my permission to the Little Lambs staff to apply Rocky Mountain Sun Screen SPF 30, to my child. I also understand that my child may apply sun screen themselves under the supervision of the teacher. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) (Parent/Guardian signature)

**OR**

I will provide an alternative sunscreen and fill out the needed written authorization for the sunscreen to be applied to my child for sun protection. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian signature)

**LITTLE LAMBS, Trinity ELC 20201-2022**

**REGISTRATION FEE AND TUITION AGREEMENT**

**Attendance choice**- \_\_\_\_\_\_ Part Day \_\_\_\_\_\_Full Day \_\_\_\_\_\_Extended Day

\_\_\_\_\_\_ Monday \_\_\_\_\_\_ Tuesday \_\_\_\_\_\_ Wednesday \_\_\_\_\_\_Thursday \_\_\_\_\_\_Friday

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PreK Annual Reg. Fee\_$115 Annual Tuition\_\_\_\_\_\_\_\_\_

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PreK Annual Reg. Fee\_$115 Annual Tuition\_\_\_\_\_\_\_\_\_

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PreK Annual Reg. Fee $115 \_ Annual Tuition\_\_\_\_\_\_\_\_\_

Total\_\_\_\_\_\_\_\_\_

I will pay tuition:

annually\_\_\_\_\_ 6 months\_\_\_\_\_ 4 months\_\_\_\_\_ 2 months\_\_\_\_ monthly\_\_\_\_\_

If monthly, I would like my payment to be withdrawn on the 5th\_\_\_\_\_\_20th\_\_\_\_\_ and I will sign up for the FACTS tuition management service and pay the annual fee of $45. (Please either sign up on the FACTS link at triinitylutheranfortmorgan.com or request a paper application from the school office.)

By signing below I acknowledge that I have read Trinity Lutheran School’s registration and tuition policy and I agree to pay the tuition indicated above by the method indicated above.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Be Involved!

**L**utheran **P**arent **T**eacher **L**eague (LPTL) is a great way to help make a difference in the social and academic life of your child. We would love to have you join us as we plan events for the school year. Events include family events, fundraising, and experiences for the students and teachers. Events require many volunteers to make them a success. Your participation will help enrich your child’s experience throughout the year. If you would be able to help it would be greatly appreciated.

Please check all occasions where you can help.

□   Participating in LPTL meetings

□   Making food items for events

□   Gathering auction items for our silent auction

□   Setup/cleanup after events

□   Participating on fundraising committees

□   Monetary contributions

□   Holding a mini class during Lutheran Schools Week

□   Becoming a room parent

□   Watch a classroom for an occasional teacher luncheons

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Little Lambs, Trinity ELC**

**Child Physical Report**

(**Must be completed and signed by a Health Care Professional)**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health History & Medical Information pertinent to routine child care & emergencies: None\_\_\_\_

Yes, Describe:

Special Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any problems that would prohibit normal school activities: \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ YES

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hearing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a copy of immunization record:**

Health Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\*\*This physical is good for 1 year from the date of health provider’s signature date for continued enrollment in the program.

# Our Partnership with FACTS



As a Lutheran School, our desire is always to concentrate our available human and financial resources on our primary mission of education. To help us meet this goal we will be again partnering with FACTS Management Company to carry out the deferred tuition payment function for the 2021-2022 school year. Our research indicates significant benefits to school staff and school families, including convenience, flexibility, and secure on-line access to individual account information.

###### A Sensible Plan

We are proud to partner with FACTS, the leading tuition payment plan provider in the industry. This is not a loan program, so no debt is incurred, and no credit check is conducted. The cost to budget your interest-free monthly payment plan is a nominal, annual, nonrefundable FACTS Enrollment Fee. You may budget your tuition and fees in the following ways:

**Automatic Bank Payment (ACH)**—ACH payments are those payments you have authorized FACTS to process directly through your financial institution. It is simply a bank-to-bank transfer of funds that you have pre-approved from either your checking or savings account on the 5th or 20th of each month.

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##### Your Payment Plan Options

* **Monthly payments through FACTS**, 10 payments Aug. - May. These payments will be automatically deducted from checking or savings, beginning in August on your choice of the 5th or 20th of the month. The FACTS annual enrollment fee is $45 per family and will be deducted from your account prior to the first tuition payment.

With FACTS, the school maintains decision-making control. As always, we will continue to work with families should special circumstances or “hardship” cases arise during the school year**.**

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# Convenient Online Enrollment

You can enroll in the FACTS Payment Plan online by linking from the school’s Web Site. Enrolling online is simple and secure.

**Be sure to have the following information ready:**

* The name, street address, and e-mail address of the person responsible for making the payments.
* To protect your privacy, you will be asked to create your own unique FACTS Access Code. Please be sure it is something you can easily remember.
* Account information for the person responsible for payment: bank name, telephone number, account number, and the bank routing number. Most of this information is located on your check.

Before you click the Submit button, please carefully read the Final Review and the Terms and Conditions. Notification confirming your enrollment in a FACTS payment plan through e-Cashier will be sent to you after your school enters the net tuition amount due for the year. Then the annual enrollment fee will be automatically deducted from your account.

**Returning FACTS Families:**

* If you paid by a checking or savings account through FACTS the previous school year, you will be automatically reenrolled in the FACTS program. Once Trinity Lutheran School completes this reenrollment, you will receive a confirmation notification letter, and the annual enrollment fee of $45 will be automatically deducted from your account.

If you have questions about enrolling in FACTS please contact the business office. You may also contact FACTS directly (866) 441-4637 or view your agreement online through *My FACTS* Account. Instructions to access *My FACTS* will be included in your payment plan confirmation notification. FACTS customer service representatives are available

Monday - Thursday, 7:30 am to 7:00 pm (CT), and Friday, 7:30 am to 5:00 pm.

#### Frequently Asked Questions

**1. When and what time will the funds for my payment plan be withdrawn from my bank account?** While FACTS transacts each payment on the specified date (5th or 20th), it is your financial institution that determines the time of day the payment is debited. FACTS recommends checking with your financial institution to determine how far in advance funds should be deposited into your account to ensure the automatic payment clears. If a payment date falls on a weekend or banking holiday, the payment will be transacted the following business day.

**2. How will I be notified of my payment information?** Once your agreement for budgeted tuition payments is posted to the FACTS system you will receive a confirmation notification of your payment amount by e-mail or letter in approximately 10 days. Payments will be processed until the total balance is paid in full. The notification has important information you must have to log on to *MyFACTS* Account.

**3. What is the FACTS Access Code?** To help protect your privacy, FACTS will randomly create an access code for you. If you should inquire online through *MyFACTS* Account or call into FACTS inquiring about your FACTS agreement, you will be required to verify your FACTS Access Code. Your access code will be included on your statement or confirmation notification.

# 4. What happens if FACTS attempts to process my payment and there are not enough funds in my account? Should an automatic bank payment be returned, a $30.00 FACTS Returned Payment Fee will be automatically assessed to your account. This is in addition to any penalty your bank or the school may assess. You will be notified by FACTS of the returned payment via mail or e-mail. For payment scheduled for the 5th of the month, the reattempt will occur on the 20th; for payment scheduled for the 20th, the reattempt will occur on the 5th of the following month.

**5. How will I pay other expenses at the school?** Consistent with prior years, you will receive a notice from the school for items such as after care, cafeteria, book fees, etc.; payment for these will be made directly to the school. Some established fees might be included in the total tuition amount and processed with your tuition payment through your FACTS plan.

#### We Look Forward to Serving You Better!

Trinity Lutheran School looks forward to our partnership with FACTS and the efficiency and technology it brings to our school. Should you have any questions regarding this plan, please contact the business office at (970)867-4931 or FACTS at 866-441-4637.