



faith lutheran day school
shaping young hearts

NEW STUDENT REGISTRATION PACKET

2017–2018 SCHOOL YEAR

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6000 Morriss Road
Flower Mound, TX 75028



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WELCOME TO FAITH LUTHERAN DAY SCHOOL!

Thank you for choosing our school for your child's early childhood learning experience. This packet contains the paperwork that needs to be completed to register your child at Faith Lutheran Day School.

Please follow the steps below to register your child for next year. If you have any questions about next year, please call the Day School office at 972.691.5491, or email the Director, Ann VanLoenen at ann@shapingyounghearts.org.

Thank you!

REGISTRATION INSTRUCTIONS

1. Complete the front and back of the Faith Lutheran Day School Admission Form.
2. Complete the Financial Responsibility Form and both ACH Forms (with an attached voided check).
3. Return the Admission Form, Financial Responsibility Form, and ACH Form to the school office at time of registration.
4. The immunizations must be current when your child is enrolled and your child's physician must sign a statement of health form, as required by the State of Texas.



AGE REQUIREMENTS FOR FAITH LUTHERAN DAY SCHOOL

- 18 months through Pre-K (four years old): The child's age on September 1st determines the class in which he or she will be placed.
- Junior Kindergarten: Children must turn 5 years old by October 31st to be eligible for this program.
- Kindergarten: Children must turn 5 years old by September 1st to enter Kindergarten.

SCHOOL CALENDAR

Faith Lutheran Day School publishes its school calendar after the LISD School Board approves and announces their school calendar. We follow the LISD calendar for all school closings throughout the school year. We are closed if LISD is closed.

LUNCH AND SNACK

- Children bring their own lunch each day.
- Parents will be expected to bring a healthy snack for the class on a rotational basis.
- Pizza Day is offered once a month September through May. The children may have cheese pizza, fruit, and cookies. This is optional and may be paid for the whole year at Orientation in August.
- Chick-Fil-A Day is offered once a month September through May. The children may have chicken nuggets, fruit or chips, and juice or milk. This is optional and may be paid for the whole year at Orientation in August.

SPECIAL CLASSES DURING THE SCHOOL DAY

1. All children attend chapel once a week. T/TH and Junior Kindergarten children attend chapel at 9:30 AM on Tuesdays. M/W/F, W/F and Kindergarteners attend chapel at 9:30am on Wednesdays. Chapel is held in the Sanctuary.
2. Two year olds through Kindergartners go to Fit for Faith class (our physical fitness component) once a week. Fit for Faith class is scheduled on Tuesdays and Wednesdays.
3. Three year olds through Kindergarteners will participate in Music class for the 2017–2018 school year. Threes, Pre-K and Junior K will attend music class once per week. Kindergartners will attend music twice per week.
4. Spanish class is held once a week with the Kindergarten class.
5. Pre-K, Junior Kindergarten and Kindergarten classes will use iPads in the classroom. The iPads are used during center time to reinforce concepts. iPad use is guided and monitored by staff. iPads are also used throughout the curriculum to enhance and enrich learning experiences.

FEE AND PAYMENT SCHEDULE

1. The registration fee is non-refundable.
2. First semester supply fee is due with registration.
3. Second semester supply fee is due by January 10th, 2018.
4. May 2018 tuition is due by May 10, 2017 for all students. (This fee is non-refundable after June 1, 2017.)
5. All other tuition payments are due by the 10th of the month, September through April for a total of nine monthly payments.
6. If you withdraw before June 1, 2017, your first semester supply fee is refundable. Ann needs to receive a letter of withdrawal by June 1, 2017 in order for you to receive a refund.

AGE/DAYS	REGISTRATION FEE	SUPPLY FEE PER SEMESTER	TUITION MONTHLY RATE
18 Months T/TH or W/F	\$125	\$85	\$200
Two Year Olds T/TH or W/F	\$125	\$85	\$200
18 Months and Two Year Olds T-F	\$200	\$170	\$335
Three Year Olds T/TH	\$125	\$85	\$200
Three Year Olds M/W/F	\$150	\$105	\$250
Pre-K (Four Year Olds) T/TH	\$125	\$85 (supply + technology fee)	\$215
Pre-K (Four Year Olds) M/W/F	\$150	\$105 (supply + technology fee)	\$260
Three Year Olds and Pre-K M-F	\$250	\$190 (supply + technology fee)	\$370
Junior Kindergarten Five years old by 10/31 T-F	\$200	\$130 (supply + technology fee)	\$325
Kindergarten Five years old by 9/1 M-F	\$250	\$155 (supply + technology fee)	\$360



KINDERGARTEN TUITION DISCOUNT

Children who attend Faith's Kindergarten and have a sibling in the program will receive a 5% discount on the Kindergarten tuition.

EXTENDED DAY

Two year olds through Kindergarten have an optional extended day program from 1:30–2:30 pm, Monday, Tuesday, Wednesday, Thursday and Friday. The children may participate in various enrichment activities including: cooking, art, science, group games and physical education.

FAITH KARATE

Karate will be offered to children in Junior Kindergarten and Kindergarten. The class is held on Tuesdays and Thursdays from 1:45–2:30pm. The fees are separate and are paid directly to Terri Adams, the karate instructor.

FUNDRAISERS

FLDS has several fundraisers scheduled for the 2017–2018 school year. All families will be asked to participate and support our fundraisers during the 2017–2018 school year.

As always, if you have any questions or concerns about the registration process, please contact the Day School.

Office: Phone: 972.691.5491

Email: ann@shapingyounghearts.org

Website: shapingyounghearts.org

Thank you for sharing your child with us at Faith Lutheran Day School



TUITION & FEES PAYABLE THROUGH ACH VIA TUITION EXPRESS

Faith Lutheran Day School is partnering with Tuition Express to provide our families with convenient, automatic debit payments for monthly tuition and school related fees. Please complete this ACH Authorization (front *and* back), attach a voided check and return it to the school office. If you are currently enrolled in ACH, it is not necessary to resubmit a voided check. We will process the payments for monthly tuition and fees on the 5th of the month (September through May).

DEBIT/CREDIT AUTHORIZATION DETAIL

Parent Name(s):

Name and Phone Number of Party Responsible for Payments:

Email Address of Payor for Financial Correspondence (to be used by FLDS and Tuition Express for notification of payment):

Child: Class:

Child: Class:

Child: Class:

Child: Class:

PAYMENTS

Please check or initial the boxes for the payments you authorize FLDS to debit from your account:

- ☐ 2017 - 2018 Registration and 1st Semester Supply Fee
- ☐ Tuition for the current year (May 2018 + September through April)
- ☐ Chick-fil-A lunches - Annually in September **OR**
- ☐ By Semester in September and January
- ☐ Pizza lunches - annually in September
- ☐ Extended Day in September and January
- ☐ 2nd Semester Supply Fee in January
- ☐ Fundraiser Purchases (e.g. Fall Festival tickets, Silent Auction) – account holder will authorize per event

Monthly ACH transactions will be debited on the 5th of each month unless it falls on a holiday or weekend. In those instances, the ACH will be processed the next business day.

*****Please complete both sides of this form.***





ACH AUTHORIZATION

I (we) hereby authorize Faith Lutheran Day School (FLDS) to initiate debit entries from my (our) checking or savings account designated below for all tuition and fees related to the enrollment of my (our) child(ren), _____, according to the policies of FLDS that have been communicated to me. If necessary, FLDS may initiate adjustments for any transactions credited or debited to my account in error. I acknowledge that ACH transactions to my account must comply with US legal provisions.

Financial Information

Financial Institution:

Routing Number:

Account Number:

New enrollment into ACH?	Yes	No
Currently enrolled with ACH?	Yes	No
If yes, is this new account information?	Yes	No

This authorization is to remain in effect until FLDS has received written notification from me (us) of its termination. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice prior to the 5th of the month.

Print Name(s) as listed on checking or savings account

Phone Number for authorized signer listed above

I acknowledge that by signing this form I have signature authorization for the account listed above.

Authorized Signature for checking or savings account

I am currently participating in the ACH program and authorize FLDS to use the voided check previously submitted.

Authorized Signature for checking or savings account

Attach Voided Check Here:



FOR OFFICE USE ONLY	
Received By:	
Tuition Express:	
Family Account:	



Faith Lutheran Day School Statement of Financial Responsibility

I, _____ the undersigned, am financially responsible for all charges incurred while the student(s) named below is/are in attendance at Faith Lutheran Day School. I agree to participate and enroll in Faith Lutheran Day School's ACH payment program. I further understand late fees of \$25 per month will accrue on all unpaid charges that are more than 10 days past due. I agree to pay all costs related to the collection of unpaid balances.

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Student Name: _____

Address:

Street	City	State	Zip
_____			/ /
Signature			Date

ADMISSION INFORMATION

Faith Lutheran Day School		Director's Name Ann VanLoenen	
Child's Full Name	Male / Female	Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission 08/29/2017	Date of Withdrawal	Church Home:	
Parent's or Guardian's Name(s)		Address (if different from child's address)	

List email addresses and telephone numbers below where parents/guardian may be reached while child will be in care:

Parent/Guardian's Email:		
Mother's Cell Phone:	Father's Cell Phone:	Guardian's Cell Phone:
Mother's Daytime Phone:	Father's Daytime Phone:	Guardian's Daytime Phone:
Mother's Employer/Occupation:	Father's Employer/Occupation:	Guardian's Employer/Occupation:

I give Faith Lutheran Day School permission to contact the following person in case of an emergency if we, parents/guardian, cannot be reached:

Name:	Phone:
Address:	Relationship to Child:

I give Faith Lutheran Day School permission to release my child to the following people. Children will only be released to a person designated by the parents/guardian after verification of ID.

Name:	Phone:	Relationship to Child:
Name:	Phone:	Relationship to Child:
Name:	Phone:	Relationship to Child:

☐ **FIELD TRIPS:** I hereby ☐ give ☐ do not give - consent for my child to participate in Field Trips.

Parent's Comments:

☐ **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

I give permission for the following:

- My email address to be used for FLDS communication.
- My child to visit the sanctuary of Faith Lutheran Church, to take walks on the church/school property, to participate in play time on the playground and in the gymnasium, and to participate in Fit for Faith and Music in the designated class spaces.
- My child to participate in Splash Day activities including sprinkler play, water table play, splashing/wading pool play, children's water slide play, shaving cream play and bubble blowing.
- My child's picture to be taken for use in classroom projects, for advertisement purposes (FLDS website, FLC website, brochures, banners, local newspapers, etc.) and on FLDS social media.
- My child's name, address, phone number, parent(s) name, and email address to be published on a class list and distributed to other parents of children in my child's class.

Signature – Parent or Legal Guardian

Date

4. MY CHILD IS ENROLLING IN THE FOLLOWING PROGRAM:

18 Months	Two Years 2s	Three Years 3s	Four Years Pre-K	Five Years Jr. Kindergarten	Kindergarten
<input type="checkbox"/> 2 day (Tu/Th)	<input type="checkbox"/> 2 day (Tu/Th)	<input type="checkbox"/> 2 day (Tu/Th)	<input type="checkbox"/> 2 day (Tu/Th)	<input type="checkbox"/> 4 day (Tu-F)	<input type="checkbox"/> 5 day (M-F)
<input type="checkbox"/> 2 day (W/F)	<input type="checkbox"/> 2 day (W/F)	<input type="checkbox"/> 3 day (M/W/F)	<input type="checkbox"/> 3 day (M/W/F)		
<input type="checkbox"/> 4 day (Tu-F)	<input type="checkbox"/> 4 day (Tu-F)	<input type="checkbox"/> 5 day (M-F)	<input type="checkbox"/> 5 day (M-F)		

ADMISSION INFORMATION

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone:
Name of Emergency Medical Care Facility:	Address:	Phone:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. ☐ **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the Faith Lutheran Day School program.

Health Care Professional's Signature

Date

2. ☐ A signed and dated copy of a health care professional's statement is attached.

3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the Faith Lutheran Day School program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to FLDS.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

Signature – Parent or Legal Guardian

Date

Discipline and Guidance Policy for Faith Lutheran Day School

Name of Operation

- ① Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.
- ② A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- ③ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

☐

parent

☐

employee/caregiver

☐

household member of child-care home

Child's Name: _____

FLDS Photo Permission Form

There will be times during the school year that photographs and video of the children will be taken. The photos and videos will be used for class and school projects. There will be times when photos or video footage will be used by Faith Lutheran Day School or Faith Lutheran Church for emails, website or social media.

Children's names will not be used with any published photos/videos.

Please sign and date the form below to give your permission for your child to be photographed or videotaped while at Faith Lutheran Day School.

_____	_____
parent signature	date
_____	_____
parent signature	date
_____	_____
parent signature	date
_____	_____
parent signature	date
_____	_____
parent signature	date
_____	_____



