

Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 North
Austin, TX 78734
(512) 266-2250 Phone
(512) 266-0048 Fax
preschool@ltumc.org

Student Name _____
2011/12 Class _____
2011/12 Wait Listed _____

If you did not get your first choice

The start of our 2011/12 school year is approximately four months away.....and we are already making plans for a preschool fantastic year!

As outlined on your Registration Form, your 2011/12 Tuition is divided into nine equal payments due on May 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1, and April 1. Your first payment for next fall is due May 1, 2011 and will be considered late (and subject to a \$10.00 late fee) if received after 2PM on May 10th.

We ask that when you make your May 1st payment, you also return your child's Enrollment paperwork. Receiving this information on May 1st helps our preschool office staff set up your child's files for the 2011/12 school year prior to the end of this school year.

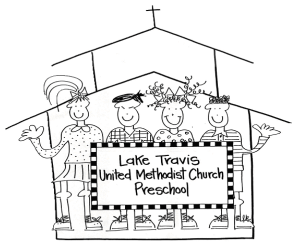
Attached you will find this enrollment paperwork. Even if you are currently enrolled, we require the paperwork be completed again for the new school year. Please do not return the last form (Admission Information) until you have visited your pediatrician and he/she has signed the form. Since you cannot provide our school with your Admission Information form or your child's current immunization record until you have visited your child's pediatrician, we encourage you to secure this paperwork as soon as possible. **The Admission Information Form and your child's Immunization Records need to be on file prior to your child's first day of school.**

Your check should be made out to LTUMC Preschool for the following amount:

| | |
|-------------------------------|--|
| \$190 Monday/Friday | \$195 Monday/Wednesday |
| \$200 Tuesday/Thursday | \$285 Monday/Tuesday/Wednesday/Thursday |
| \$235 Tuesday/Thursday/Friday | \$240 Tuesday/Wednesday/Thursday |
| \$235 Monday/Wednesday/Friday | \$335 Monday/Tuesday/Wednesday/Thursday/Friday |

We will share some initial 2011/12 calendar information in our upcoming May newsletter. Then, over the summer, you will receive additional information and reminders about the start of the school year. Please note that we do not provide classmate or teacher assignments until Back to School Night.

In the meantime, if you have any questions, please feel free to stop by the preschool office.



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Date of Birth _____ / _____ / _____

2011-2012 LTUMCPS Enrollment Form

(Please print)

_____ **Child's Last Name** _____ **First Name** _____ **Name Called** **M** **F**
Gender

Street _____ City: _____ Zip: _____

Church Currently attending: _____ None: _____

Family Email: _____ @ _____ Hm Phone: () _____

Mom's First Name _____ Last Name _____ Cell: () _____

Mom's Business: _____ Phone: () _____

Dad's First Name _____ Last Name _____ Cell: () _____

Dad's Business: _____ Phone: () _____

Guardian's/Nanny's Name: _____ Cell: () _____

Guardian's/Nanny's Address: _____ City _____ Zip _____

(Note: If guardian's address is different from child's, please submit documents concerning any custody arrangements.)

Parent Authorizations

Initial all that apply:

_____ My child may be included in water play activities.

_____ My child may be photographed for use in school publications.

_____ My family gives permission to print our family's name address, phone number and email address for your child's class list.

_____ I agree to read and follow all the policies outlines the Lake Travis UMC Preschool Handbook (will be given at Back to School Night)

_____ I understand that I must submit the attached State Admission Form with my child's Immunization Records prior to the first day of school (August 31st 2011).

Parent's Signature _____ **Date** _____

EMERGENCY CONTACTS

Give names of persons to call if parents/guardians cannot be reached. I hereby authorize Lake Travis UMC Preschool to disclose information, and/or allow my child to leave the facility with only the following people.

1. Name: _____ Relationship: _____

Address: _____ Phone: () _____

2. Name: _____ Relationship: _____

Address: _____ Phone: () _____

3. Name: _____ Relationship: _____

Address: _____ Phone: () _____

Parent's Signature _____ **Date:** _____

MEDICAL EMERGENCY

In the event of a medical emergency, our policy is to contact our parents first. If we cannot reach you, we will try to contact any others you have designated. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interest of your child. I authorize the facility director or person in charge to take my child to:

Hospital: _____ Phone: () _____

Address: _____ City: _____ Zip: _____

Physician: _____ Phone: () _____

Address: _____ City: _____ Zip: _____

I give consent for this facility to secure all medical care for my child listed above.

Parent's Signature _____ **Date** _____



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LTUMC PRESCHOOL STUDENT PERSONAL HISTORY

Child's Name: _____ **Date of Birth** ____/____/____

HEALTH INFORMATION:

Does your child have any food allergies? _____

Any special dietary needs? _____

Any physical disabilities: _____

Any long term medications: _____

Any allergies (food/pet/medicine): _____
(If there are food allergies, please contact the preschool office for additional paperwork)

Has your child had a hearing, speech or developmental screening? If so, please share outcome:

Does your child have any special needs? _____

Has your child had: Rubella _____ Roseola _____ Mumps _____ Chicken Pox _____

Any chronic illnesses / hospitalizations / injuries _____

Child's Physician (If different from medical emergency contact.) **Phone:** () _____

Physician's Address: _____
(Street) (City) (Zip Code)

GENERAL INFORMATION:

Names and ages of child's siblings:

1. _____ 3. _____

2. _____ 4. _____

Has your child attended a previous preschool/child care program? Yes _____ No _____

If yes, name of school? _____ Full -Time _____ Part-Time _____

What are your child's favorite toys / activities? _____

What school will your child be attending for kindergarten? _____

What is your child's temperament? Friendly ___ Shy ___ Energetic ___ Aggressive ___ Wthdrawn ___

How does he / she get along with other children? _____

Does your child have any fears? _____

Is there anything in particular that might anger or upset your child?

How does your child demonstrate anger - frustration? _____

What discipline techniques / strategies do you find to be most effective with your child?

Is your child still in: Diapers _____ Pull-ups _____ In the process of toilet training _____
Fully toilet trained _____

Does your child have any hand preference yet? Left _____ Right _____

What do you expect your child to gain from his/her preschool experience this year?

Any additional information we should know that will help us in working with your child?:

Admission Information Form

The Texas Department of Family and Protective Services requires:

1. That the preschool have a copy of your child's **most recent immunization records**. Please obtain a copy from your child's pediatrician and attach it to this form.
2. That your physician has examined your child within the last 12 months and he/she attest to this by **signing the "Health Care Professional's Statement"**.
3. If you find immunizations in conflict with your personal tenets, please **check #3 and attach your statement** to this form.
4. That you supply your **physician's name and address** (beneath #4) and sign that you have provided the information.
5. All 4-year-old students must have a **vision and hearing test**. The vision test must show numbers for the Right and Left eye and if the child passed or failed. (We are unable to accept a "pass/fail" by itself.) The hearing test must show Hz levels and whether the child passed or failed. (We are unable to accept a "pass/fail" by itself.) *Our preschool will provide complete vision and hearing tests by an outside agency on October 19th 2011 if you would like to complete the tests at our school.*
6. **Parent Signature on the bottom of the form.**

| |
|--|
| <p>IMMUNIZATION RECORD:</p> <p><input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.</p> |
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| |
|--|
| <p>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:</p> <p>1. <input type="checkbox"/> 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 day care program.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Health Care Professional's Signature _____ Date</p> <p>2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.</p> <p>3. <input type="checkbox"/> 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.</p> <p>4. <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.</p> <p>Name and address of health care professional:</p> <p>_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature - Parent or Legal Guardian _____ Date</p> |
|--|

| | | | |
|-----------------------|-------------|-------------|---|
| <u>VISION</u> | R 20/ _____ | L 20/ _____ | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| SIGNATURE _____ | | DATE _____ | |
| <u>HEARING</u> | 1000 Hz | 2000 Hz | 4000 Hz |
| R | | | |
| L | | | |
| SIGNATURE _____ | | DATE _____ | |

Parent or Legal Guardian Signature

Date