

# Registration Materials 2018–2019

Please fill out all forms in full.



## *St. Martin's Lutheran* Preschool

606 W. 15th St  
Austin, Texas 78701  
Office Phone: 512.476.4037  
[cwoodall@stmartinsaustin.org](mailto:cwoodall@stmartinsaustin.org)

School Hours: 7:15a.m.–6:00p.m.  
Calla Woodall, *Director*



Dear Parents,

Welcome to Saint Martin's Lutheran Preschool Registration 2018-2019. We look forward to providing your family with quality childcare in downtown Austin.

Please fill the Enrollment/Registration Form out in full (both sides) and return to the School Office with your non-refundable annual fee attached. This will guarantee your space for the fall. Enrollment is based on a 12 month commitment.

Please read the following information explaining registration and fees for the upcoming school year.

❑ **BASIC REGISTRATION**

Currently enrolled students and siblings desiring placement for the 2018-2019 school year should complete and return the attached Enrollment/Registration Form with Registration Fees paid by **Friday, February 23, 2018**.

Open enrollment for **new students** will begin on Monday, February 26, 2018. Any currently enrolled student, who has not turned in their Registration Forms with Registration Fees paid by Friday, February 23, 2018, will relinquish their place in our program, allowing new students to register for any open spaces.

❑ **CONTINUED ENROLLMENT**

Our program is based on a 12-month commitment for children 18mth to 4's turning 5 years of age. Classes are designed to meet the needs of children enrolled in a 12-month program. From September to May the classes follow a curriculum designed to meet the academic needs of the children. During the summer months, the school follows a more relaxed curriculum and adds units geared to summer fun.

❑ **TUITION FEES**

The Saint Martin's Lutheran School Board, which is made up of Church members and School Administration, have made the decision to **increase the tuition** to accommodate changes in cost of supplies, food, and curriculum for all programs.

The cost of all supplies/mats, food, and workbooks are included in the tuition.

The teaching, administrative, and support staff of Saint Martin's Lutheran Preschool look forward to serving you and your family in the new school year. We thank you for allowing us to be a part of your child's education. We feel privileged to have your trust and confidence. We take our mission of providing the best early childhood experience for your children very seriously.

If you need additional information about registration, please do not hesitate to ask any administrative staff member. Thank you very much for your continued support and let us know if we can be of any help.

Calla Woodall, *Director*



**SAINT MARTIN'S LUTHERAN PRESCHOOL**

**2018-2019 TUITION SCHEDULES**

Children are placed in classrooms by age as of September 1<sup>st</sup> of the current school year.  
 Registration is open to all children regardless of race, ethnic origin, or religious preference.

**September through August commitment**

**Hours: Monday thru Friday 7:15a-6:00p**

Class	Monthly Tuition	Non-refundable Registration Fee per Student	Teacher Appreciation Fee
<b>18 Month</b>  <b>(Ratio 1-9)</b>  Children must be able to walk	975.00	Current student-\$200 Sibling- \$100 ---- New student-\$250 Sibling- \$125 ---- Church Member- \$0	\$100  Per family  September 1, 2018  All fees are used for Teacher luncheons, gifts, and general appreciation during the 2018-2019 School Year.
<b>TWOS (Ratio 1-11)</b>	975.00		
<b>THREES</b>  <b>(Ratio 1-15)</b>  Children should be potty trained before entering the threes' class	950.00		
<b>FOURS (Ratio 1-18)</b>	850.00		

PLEASE NOTE: The registration fee is NON-REFUNDABLE and is due upon registration. Monthly tuition is based on your yearly tuition divided by 12. INCLUDED IN TUITION: Curriculum, Cot, School Supplies, Lunch and two snacks.

## 2018-2019 ADDITIONAL INFORMATION

### TEACHER/CHILD RATIO

AGE LEVEL	TEACHER	AGE (as of September 1, 2018)
18 month	1 to 9	18 – 23 months
Twos	1 to 11	2 years turning 3 years
Threes	1 to 15	3 years turning 4 years
Pre-K	1 to 18	4 years turning 5 years

#### REGISTRATION FEE

All students pay an annual **NON-REFUNDABLE** fee that is due upon registration.

#### TEACHER APPRECIATION FEE

All families pay a Teacher Appreciation fee due September 1 of the new school year or at enrollment.

#### TUITION

Tuition rates are established by the School Board and vary depending upon the program and child/teacher ratios required for each age level. These rates may be adjusted on an annual basis as determined by the Board.

Tuition is based on a 12 month commitment. Your yearly tuition is divided into 12 equal payments.

If you are paying monthly:

Tuition is due on the first day of each month. Accounts with a balance due after the fifth (5<sup>th</sup>) business day each month will be charged a \$20 late fee.

If you are paying bi-monthly

One half is due on the first of each month. Accounts with a balance due after the fifth (5<sup>th</sup>) business day each month will be charged a \$20 late fee

One half is due on the fifteenth of each month. Accounts with a balance due after the twentieth (20<sup>th</sup>) business day each month will be charged a \$20 late fee.

#### LATE PICK-UP

Parents are expected to arrive on time to pick-up their children. A fee of **\$1 per minute per child** is charged if children are not picked up at their scheduled time.

**St. Martin's Lutheran Preschool**  
**Children's Records Evaluation 2018-2019**

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The following documents are required by Saint Martin's:

- \_\_\_\_\_ Enrollment Form
  - Name/DOB/Address/Home Ph #
  - Date of Admission
  - Parent Information
  
- \_\_\_\_\_ Registration Form
  - Payment Information
  
- \_\_\_\_\_ Parent/Student Handbook Receipt
  
- \_\_\_\_\_ Help Us Know Your Child
  
- \_\_\_\_\_ Copy of current Immunization Record
  
- \_\_\_\_\_ Vision and hearing records—All 4 and 5 year olds
  
- \_\_\_\_\_ Pick-up and Emergency Form
  - Emergency Medical Authorization
  - Designated Contacts
  - Release Information
  - Special Needs
  - Food Allergies
  - Water Permission
  - Permission for emergency medical treatment
  
- \_\_\_\_\_ Permission for sunscreen/insect repellent/diaper cream/over the counter ointments—provided by the parents with child's name clearly labeled on the container and no age requirement.

In addition, the following are required the **FIRST** time you enroll:

- \_\_\_\_\_ Health Care Professional's Statement
  - Preschool Health Statement (One time only)
  
- \_\_\_\_\_ Illness Policy
  
- \_\_\_\_\_ Discipline Form
  
- \_\_\_\_\_ Copy of the Birth Certificate ( only for those entering at 18mths)





# Saint Martin's Lutheran Preschool

## 2018-2019 ENROLLMENT FORM

**For Office Use Only**

SMLC Member \_\_\_\_\_ Current Student \_\_\_\_\_  
 Sibling \_\_\_\_\_ New Student \_\_\_\_\_  
 Employee \_\_\_\_\_ Alumni \_\_\_\_\_

**For Office Use Only**

Class \_\_\_\_\_  
 Days/Hours \_\_\_\_\_  
 Start Date \_\_\_\_\_  
 Withdraw Date \_\_\_\_\_

### CHILD INFORMATION

(Please print all information)

Name \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

Name called \_\_\_\_\_ Age as of September 1, 2018 \_\_\_\_\_

Child living with \_\_\_\_\_ Both \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Date Year

Child's Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Primary Language \_\_\_\_\_

Church Affiliation \_\_\_\_\_

### PARENT INFORMATION

	FATHER	MOTHER
First and Last Name		
Address (if different from child)		
Home Phone (if different from child)		
Employer		
Occupation		
Work Phone		
Cell Phone		
Email Address		
Drivers License Number		

Physician
Address
Phone Number

**NOTE: Your child is not registered until the registration fee is paid in full.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Saint Martin's Lutheran Preschool  
Registration 2018-2019**

Student \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Please check one of the two options:**

\_\_\_\_\_ My child **will attend** St. Martin's School for the 2018-2019 School year.

\_\_\_\_\_ My child **will not attend** St. Martin's School for the 2018-2019 School year.

**My child is currently enrolled in:**    **18mths**    **Twos**    **Threes**    **Fours**

**Tuition/Fees Payment Information:**

(Based on 12mths-September to August)

**Please initial to acknowledge that you have read and understand our fee policy.**

Parent Initial	Class	Monthly Tuition Due before the 5 <sup>th</sup> of each month	Registration Fee per Student (Non –Refundable) Due now to secure placement	Teacher Appreciation Fee
	<b>18Months</b>	<b>975.00</b>	Current student-\$200 Sibling- \$100 ---- New student-\$250 Sibling- \$125 ---- Church Member- \$0	<b>\$100</b> Per family due by <b>September 1, 2018 or</b> <b>at enrollment</b>
	<b>Twos</b>	<b>975.00</b>		
	<b>Threes</b>	<b>950.00</b>		
	<b>Fours</b>	<b>850.00</b>		

\_\_\_\_\_ I have enclosed the registration fee with this form.

\_\_\_\_\_ I have made a payment online at [www.saintmartins.org](http://www.saintmartins.org) on \_\_\_\_\_  
Date

Office use: Date \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \_\_\_\_\_

**Saint Martin's Lutheran Preschool**  
**HELP US KNOW YOUR CHILD**

2018-2019 SCHOOL YEAR

The information provided on this form is for the sole use of your child's teacher and will remain confidential.  
Please print all information and attach a recent photograph of your child.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex:      Male      Female      Language other than English spoken at home? \_\_\_\_\_

**HOME ENVIRONMENT**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Please circle persons living in the home: mom dad step-mom step-dad guardian brothers sisters step-brothers step-sisters grandmother grandfather aunt uncle other - \_\_\_\_\_

If child is adopted, list adoption age \_\_\_\_\_ Is child aware of adoption?    No    Yes

**Other children in the household:**

Name	Age	Relationship to Child	School Attending

Is your child being cared for by someone besides the family?    No    Yes

Please describe:

\_\_\_\_\_

Household pets?    No    Yes    Kind? \_\_\_\_\_ Name(s) \_\_\_\_\_

Does your child have an opportunity to play with other animals?    No    Yes    Kind? \_\_\_\_\_

Does your child have a toy/special "lovey"?    No    Yes    What is the item? \_\_\_\_\_

**A typical day for your child at home (indicate time spent and time event occurs)**

Bedtime: \_\_\_\_\_

Naptime: \_\_\_\_\_

Wake Up Time: \_\_\_\_\_

Favorite Toy/Game: \_\_\_\_\_

Breakfast Time: \_\_\_\_\_

Favorite Playmate: \_\_\_\_\_

Lunch Time: \_\_\_\_\_

TV/Electronic Game Time: \_\_\_\_\_

Dinner Time: \_\_\_\_\_

**HEALTH/DEVELOPMENT**

**Any fears (animals, darkness, loud noises, thunder, etc.)?** \_\_\_\_\_

**Is your child toilet trained?** No Yes **For how long?** \_\_\_\_\_

**Has your child ever had difficulties with hearing?** No Yes **With vision?** No Yes

**Please describe any behavioral and/or learning differences we should be aware of?**

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**Does child dress self?** No Yes **un-dress self?** No Yes

**Imaginary playmates?** No Yes

**Play at home (circle all that apply):** active boisterous quiet energetic  
self-initiated dependent on adult directions/suggestions

**In relation to other people, is your child (circle one):** shy outgoing cautious friendly

**DISCIPLINE (circle methods most often used):** redirection ignoring scolding spanking  
reasoning threatening put in room put on chair depriving of pleasure other \_\_\_\_\_

**Attitude of child when these controls are used:** angry sad resigned indifferent ashamed

**Reason for Attending St. Martin's:** \_\_\_\_\_

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**How would you like the school to help you this year?** \_\_\_\_\_

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**Signature – Parent or Legal Guardian**

**Date**





## **BITING POLICY**

Biting is often a misread and misunderstood action. Biting is a behavior that is often linked to a child's developmental age. Biting has been described as a form of sensory exploration and communication. The act of biting is most often experienced in the Toddlers and Two's stages of development.

Keeping the child's age in mind, Saint Martin's Lutheran Preschool has developed two biting policies. The policies are as follows:

### **BITING POLICY FOR AGES THREE AND UNDER**

- When a bite occurs, the teacher will fill out an Accident/Incident Report.
- Both sets of parents (the child bitten and the child who was the biter) will be informed of the situation.
- No names will be exchanged between families.
- If the biter chooses to bite again, the same procedure will be followed and the Director or Assistant Director will be made aware of the situation.
- Being aware that biting is developmentally appropriate at this age; documentation will be made on the biter and shared with the Director whenever an incident occurs. Directors and Teachers will work together to redirect and eventually stop the biting.
- Parents may request a conference at anytime during the process of redirecting/stopping the biting.
- With the cooperation of the parent's of the biter, the parent's of the child bitten, the class as a whole and the Staff/Administration of St. Martin's this behavior can and will be modified and redirected to the benefit of the whole class.

### **BITING POLICY AGES THREE AND UP**

- When a bite occurs, the teacher will fill out an Accident/Incident Report.
- Both sets of parents (the child bitten and the child who was the biter) will be notified.
- No names will be exchanged between families.
- If the biter chooses to bite again, a Parent/Teacher/Director conference will be called to discuss redirection of the behavior.
- If a third bite occurs, the biter will be removed from the class and sent home from School for the remainder of the school day. A conference will be scheduled which could lead to the child's removal from the Saint Martin's Lutheran Preschool program.
- Failure to comply with a request for a conference, at any point, could result in the biter being asked to leave the program.

My signature verifies I have read and received a copy (in parent handbook) of this biting policy.

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

\_\_\_\_\_  
**Date**





## Discipline and Guidance Policy for Saint Martin's Lutheran Preschool

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.

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.

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
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 (in parent handbook) of this discipline and guidance policy.

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

# SAINT MARTIN'S LUTHERAN PRESCHOOL

## ILLNESS POLICY

### 746.3601 What type of illness would prohibit a child from being admitted for care?

Subchapter R, Health Practices, Division 3, Illness and Injury. December 2010

Unless you are licensed to provide get-well care, you must not admit an ill child for care if one or more of the following exists:

- The illness prevents the child from participating comfortably in child-care center activities including outdoor play;
- The illness results in a greater need for care than caregivers can provide without compromising the health, safety, and supervision of the other children in care;
- The child has one of the following, unless medical evaluation by a health-care professional indicates that you can include the child in the child-care center's activities:
  - **Oral temperature of above 101 degrees and accompanied by behavior changes or other signs or symptoms of illness;**
  - Rectal temperature of above 102 degrees and accompanied by behavior changes or other signs or symptoms of illness;
  - Armpit temperature of above 100 degrees and accompanied by behavior changes or other signs or symptoms of illness; or
  - **Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, uncontrolled diarrhea, two or more vomiting episodes in 24 hours, rash with fever, mouth sores with drooling, behavior changes, or other signs that the child may be severely ill; or**
- A health-care professional has diagnosed the child with a communicable disease, and the child does not have medical documentation to indicate that the child is no longer contagious.

My signature verifies I have read and received a copy (in parent handbook) of this illness policy.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

**PERMISSION FORM FOR SUNSCREEN, INSECT REPELLANT, DIAPER CREAM,  
LIP BALM, OR OVER-THE-COUNTER OINTMENTS**

**2018-2019**

Parents may provide the school with sunscreen, insect repellent, diaper cream, or over the counter ointments such as bite cream, skin cream, or chap stick to be used on their child during the school year by filling out the form below.

These topical ointments must be clearly labeled with your child's name and will be kept in the classroom.

- Nothing can be applied without a current expiration date.
- No aerosols.
- No ointments that specifically state an age range that your child is not included in may be applied.

PERMISSION TO APPLY: (Circle the ones that apply)

SUNSCREEN

INSECT REPELLANT

DIAPER CREAM

LIP BALM

ANTI-ITCH CREAM

OVER-THE-COUNTER OINTMENTS/CREAMS

I will supply the above circled item(s) to SMLS and agree to have it applied to my child \_\_\_\_\_ when necessary. I agree to supply new creams if/when their date expires and at the beginning of each new school year.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date



## 2018-2019 SMLS Emergency Information

CHILD'S NAME \_\_\_\_\_ Sex: M F DOB \_\_\_\_\_

Student's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Home                      Work                      Cell

Father's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Home                      Work                      Cell

Email address: \_\_\_\_\_

PHYSICIAN
ADDRESS
PHONE NUMBER

**In the event my child needs medical treatment and I cannot be reached or emergency treatment is needed, I give permission to Saint Martin's Lutheran School staff to secure medical treatment for my child.**

Parent signature: \_\_\_\_\_

**PARENTS ARE ALWAYS CONTACTED FIRST IN AN EMERGENCY SITUATION**

Texas Department of Protective and Regulatory Services and Saint Martin's Lutheran Preschool Policy require the following information. A child may be released only to persons authorized by the parent.

If you wish for your child to be released to anyone other than the parents, please list them below.

**They must be at least 18 years of age.**

### EMERGENCY CONTACTS/RELEASE (other than parents)

NAME	PHONE	ADDRESS	RELATIONSHIP TO CHILD

## Special Needs

List any special problems that your child may have such as existing illnesses, previous serious illnesses, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware.

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## Food Allergies

Does your child have any food allergies?      YES      NO

If so, please describe **in detail**, including preferred substitutions (for example, "My child is allergic to some dairy products and I prefer he have rice milk at lunch. Cheese, and milk cooked in things is fine.")

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## Photography/Video Permission

Saint Martin's reserves the right to photograph/video all students for use in the classrooms, hallways, newsletters intended for School members/or Church, and classroom art projects. Photos will be downloaded to Homeroom for parent viewing/purchase.

If you do not wish your child to be included in the above, please see the school office.

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## Shared Email Contacts

I hereby **GIVE** / **DO NOT GIVE** (circle one) my consent to share my email contact with other families in my child's class.

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## Water Activities

I hereby **GIVE** / **DO NOT GIVE** (circle one) my consent for my child to participate in water activities

\_\_\_\_\_ SPRINKLER PLAY

\_\_\_\_\_ WATER TABLE PLAY

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Signature – Parent or Legal Guardian

Date