

Registration Materials 2017–2018

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

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

Dear Parents,

Welcome to Saint Martin's Lutheran Preschool Registration 2017-2018. 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 2017-2018 school year should complete and return the attached Enrollment/Registration Form with Registration Fees paid by **Friday, February 24, 2017**.

Open enrollment for **new students** will begin on Monday, February 27, 2017. Any currently enrolled student, who has not turned in their Registration Forms with Registration Fees paid by Friday, February 24, 2017, 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

2017-2018 TUITION SCHEDULES

Children are placed in classrooms by age as of September 1st 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 Annual Fee per Student	Teacher Appreciation Fee
18 Mth (Ratio 1-9) Children must be able to walk	950.00	Current student-\$200 New student-\$250	\$100 Per family September 1, 2017 All fees are used for Teacher luncheons, gifts, and general appreciation during the 2017-2018 School Year.
TWOS (Ratio 1-11)	950.00	Current student -\$200 New student -\$250	
THREES (Ratio 1-15) Children should be potty trained before entering the threes' class	925.00	Current student -\$200 New student -\$250	
FOURS (Ratio 1-18)	825.00	Current student -\$200 New student -\$250	

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.

2017-2018 ADDITIONAL INFORMATION

TEACHER/CHILD RATIO

AGE LEVEL	TEACHER	AGE (as of September 1, 2017)
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 (5th) 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 (5th) 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 (20th) 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 2017-2018

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

2017-2018 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, 2017 _____

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 2017-2018**

Student _____ Birth Date: _____

Please check one of the two options:

_____ My child **will attend** St. Martin's School for the 2017-2018 School year.

_____ My child **will not attend** St. Martin's School for the 2017-2018 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 th of each month	Annual Fee per student (Non –Refundable) Due now to secure placement	Teacher Appreciation Fee
			Current/New	
	18Months	950.00	200.00/250.00	\$100 Per family due by September 1, 2017 or at enrollment
	Twos	950.00	200.00/250.00	
	Threes	925.00	200.00/250.00	
	Fours	825.00	200.00/250.00	

_____ I have enclosed the annual fee of \$200 per current student/250.00 per new student with this form.

_____ I have made a payment online at www.saintmartins.org on _____
Date

Office use: Date _____ Check Number _____ Amount _____

Saint Martin's Lutheran Preschool
HELP US KNOW YOUR CHILD

2017-2018 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?

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: _____

How would you like the school to help you this year? _____

Signature – Parent or Legal Guardian

Date

St. Martin's Lutheran Preschool

Health Requirements

Child's Name _____ Birth Date _____

IMMUNIZATION RECORD:

I have attached a copy of my child's **current immunization record**.

4s only: I have attached proof of **vision and hearing screening**

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease.

If your child **has had chickenpox**, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.

Signature – Parent or Legal Guardian

Date

I am excluding my child from the immunization requirements for reasons of conscience, including religious belief. I **have attached an official notarized affidavit form** developed and issued by the Department of State Health Services. I understand the affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at

www.dshs.state.tx.us/immunize/public.shtm

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the childcare 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 day care 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.

Name and address of health care professional:

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**

2017-2018

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

2017-2018 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.

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.")

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 Shutterfly for parent viewing/purchase.

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

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.

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

Signature – Parent or Legal Guardian

Date