

Jesus Loves the little children, All the children of the world!

4460 Lyons Road, Lake Worth, Florida 33467
Phone: 561-968-3627 Facsimile: 561-968-8142

PRESCHOOL ENROLLMENT CHECKLIST 2015-16

Please return this checklist with your enrollment forms.

Child's Name _____ Date of Birth _____

Parents' Names _____

Home Phone _____ Cell Phone _____ Other _____

- Preschool Enrollment Checklist - Form A
Completed Registration Form - Form B
Completed Student Profile Form - B1 & B-2
Signed Parent Christian Partnership Agreement - Form C
Completed Preschool Fee Remittance Agreement - Form D
Completed Meal Form - Form E
Emergency Evacuation Plan Letter - Form F
Completed Emergency Evacuation Release - Form G
Completed 2013-2014 Parent Handbook Statement Form - Form H
Field Trip & Photograph Permission Form - Form I
Completed Worship Form - Form J
Copy of child's birth certificate OR
Florida VPK eligibility certificate
Completed Physical/Health Form, FL-Dept. of Health Form #DH3040
Due 1 week prior to the first day of attendance
Completed Immunization Form, FL-Dept. of Health Form #DH680
Due 1 week prior to the first day of attendance
Completed Influenza Virus Form, DCF/Dept. of Health Form #CF/PR 175-70
Non-refundable Registration Fee: \$100 Cash Check #
Non-refundable Curriculum Fee: \$75 Cash Check #
First week's tuition payment due prior to first day of school OR
First month's tuition payment due prior to first day of month or first day of school if attending Florida VPK with full time enrollment

Administrative Comments _____

EPIPHANY LUTHERAN CHURCH & SCHOOL 2015-16 PRESCHOOL REGISTRATION CHILD IDENTIFICATION AND EMERGENCY INFORMATION FORM

To be completed by Parent or Guardian

Child's Name LAST MIDDLE FIRST			SEX	TELEPHONE ()
Address Street Address City/State/Zip			BIRTHDATE	
Father's Name LAST MIDDLE FIRST			Father's Home Telephone ()	
Father's Address Street Address City/State/Zip			Father's Business Telephone ()	
Mother's Name LAST MIDDLE FIRST			Mother's Home Telephone ()	
Mother's Address Street Address City/State/Zip			Mother's Business Telephone ()	
Mom's Cell Phone ()	Dad's Cell Phone ()	Email Address		

Persons permitted to remove child:	Mother	Yes _____ No _____	<u>Legal Custody</u>
	Father	Yes _____ No _____	Yes _____ No _____

STATEMENT OF CONSENT

I hereby authorize Epiphany Lutheran Church & School to retain emergency medical care and treatment necessary in the event of an accident. Parent/Guardian Signature
X _____

FAMILY PHYSICIAN/PEDIATRICIAN TO BE CALLED IN EMERGENCY

Physician's Name	Address	Medical Plan & Number	TELEPHONE ()
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Hospital of choice to be called or transported to in case of emergency:

CHILD'S ALLERGIES OR HEALTH CONCERNS:

NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD FROM THE FACILITY
AND PERSONS TO BE CALLED IN EMERGENCY WHEN PARENT(S) CAN NOT BE REACHED
*Child will NOT be allowed to leave with any other person without written authorization from parent or guardian.
All authorized persons must present picture ID.*

NAME	TELEPHONE	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
SIGNATURE OF PARENT OR LEGAL GUARDIAN		DATE

TO BE COMPLETED BY SCHOOL DIRECTOR/ADMINISTRATOR:

Date of Admission/Start Date:	<input type="checkbox"/> VPK/AM ONLY (5) <input type="checkbox"/> Full time (5) <input type="checkbox"/> Mon/Wed/Fri (3) <input type="checkbox"/> Tue/Thur (2)
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Administration Notes: <input type="checkbox"/> Registration Fee \$100 <input type="checkbox"/> Curriculum Fee \$75 <input type="checkbox"/> Rest Mat \$12 <input type="checkbox"/> Mat Cover \$10 <input type="checkbox"/> 1 st Wk/Mth Tuition _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amount _____ Comment: _____

EPIPHANY LUTHERAN CHURCH & SCHOOL
STUDENT PROFILE

CHILD'S FULL NAME: _____

What do you call him/her (nick names)? _____

Date of Birth: _____

Child's Ethnic Origin: (choose one)

American Indian Asian African-American Hispanic Caucasian Other

Father's Name: _____

Father's Home Address: _____

Father's Telephone: (home) _____ (business) _____

(cell) _____ (email) _____

Father's Occupation: _____

Mother's Name: _____

Mother's Home Address: _____

Mother's Telephone: (home) _____ (business) _____

(cell) _____ (email) _____

Mother's Occupation: _____

FAMILY/HOME ENVIRONMENT

Child presently resides with:

Both parents Mother Step Mother Father Step Father Guardian

Child's parents:

Married Divorced Deceased Other _____

Brothers' and sisters' names and birth dates: _____

Other adults or family members in the home: _____

Additional family/living information/comments that Epiphany administration and/or your child's teacher should know or be aware of: _____

SOCIAL DEVELOPMENT

Does your child have the opportunity to play with children his/her own age? _____

Has your child attended preschool or daycare previously? yes no

If so, where was he enrolled? _____

Reason for change in school/center _____

Your child is, in general:

- | | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy | <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Cautious |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Leader | <input type="checkbox"/> Cheerful |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Independent | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Rough |

Are there any special sibling problems we should be aware of? _____

GROWTH & DEVELOPMENT

Toilet Training:

- NOT potty trained Goes to toilet by him/herself Needs to be reminded

Additional comments: _____

Which hand does your child prefer to use? Right _____ Left _____

Speech & Language: Is your child easily understood by others when he speaks?

Has your child ever been evaluated/diagnosed with any special needs or learning disabilities? _____

GENERAL HEALTH

Health: Is your child generally in good health? _____

Does your child have any special health problems? _____

- Allergies? Food allergies Bug/insect allergies/reactions

Please describe _____

Frequent colds? _____

Skin problems? _____

Other? _____

Has your child ever been hospitalized? _____

When? _____

Surgery? _____ Illness? _____

CHRISTIAN GROWTH AT HOME

Does your child have an awareness of God? Yes No Other

Does your child attend Sunday school?

weekly ___ times/month rarely No, does not attend Other _____

Does your family/children attend Church?

weekly ___ times/month rarely/only on Holidays No, does not attend Other _____

Name of Church where membership is held _____

Clergyman's Name _____ Denomination _____

Has your child been baptized? _____ Date/Place of baptism _____

INTERESTS: LIKES & DISLIKES

Pets at home? _____ Names? _____

What is your child's favorite toy(s)? _____

Favorite stories or books?

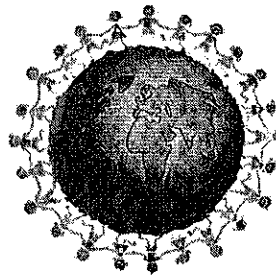
Favorite songs?

What pleases you most about your child's development? _____

Does anything about your child's development concern you? _____

What do you hope your child will gain from this group experience and attending Epiphany Lutheran Church & Preschool? _____

Additional parent comments:



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CHRISTIAN PARTNERSHIP AGREEMENT

Dear Epiphany Preschool Parents,

Epiphany Lutheran Church and School is committed to the spiritual welfare and Christian education of the children enrolled in its school.

We view our relationship with you and your child(ren) as a partnership. Christian education includes the teaching a child receives at school, at church and most importantly, at home. Working together we strive to help each child develop his or her potential spiritually, emotionally, socially, physically, intellectually, and creatively.

As with any partnership, to be successful, it requires that we each fulfill our respective roles and responsibilities.

Therefore, our Congregation, School Board, Administration, and Staff pledge—with God’s help to:

- Provide quality and caring Christian teachers and support staff;
Provide and maintain facilities necessary for the instruction of your child(ren);
Provide a Christian environment, curriculum, and policies through which each student can grow spiritually, emotionally, socially, physically, intellectually, and creatively;
Provide funds necessary to operate the school;
Encourage you as parents to be faithful in following the guidelines listed below.

At home, we encourage you to fulfill the following responsibilities:

- Strive to establish and maintain a good Christian home life;
Make regular devotions a part of your home life;
Attend Christian worship and Bible study (Sunday School) with your child(ren) on a regular basis and be an active member of church life;
Support school programs and scheduled events through your family’s attendance (scheduled preschool worship singing, Christmas pageant)
Pray regularly for God’s guidance to aid our school and us in His Kingdom’s work;
Attend meetings and conferences to discuss your child’s progress.

Together, we can love, nurture, and teach your child through God’s Word and through Christian words and actions. Please sign below to indicate your willingness to do everything within your power and with God’s help to make this partnership work. May the Lord bless you and keep you and your family in His grace throughout the school year.

Alan Summersgill
Alan Summersgill
Chairman, Christian Board of Education

Carolyn Einsteder
Carolyn Einsteder
Preschool Director

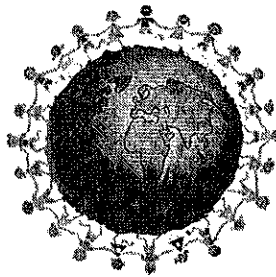
Parent’s Signature

Date

Parent’s Signature

Date

Print Student’s Name



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2015-16 FEE REMITTANCE AGREEMENT

FAMILY NAME: _____	
ENROLLED STUDENT(S) NAME	ENROLLED STUDENT(S) DATE OF BIRTH & AGE

We agree to the following:

- A student is enrolled with the understanding that he/she will remain for the full school year or at the discretion of the school. There will be no remission of charges for absences. **Initial** _____
- The following non-refundable Registration & Supply Fees must accompany the registration form.
 - Registration Fee \$100.00 **Initial** _____
 - Curriculum Supply Fee \$75.00 **Initial** _____
- In signing the Preschool Fee Remittance form, the undersigned parents/guardians agree to pay all fees when due. When designated tuition fees are not received by the designated due dates, late fees will automatically be assessed. **Initial** _____
- A student whose account is in arrears will not be allowed to attend school until suitable arrangements have been made with the school administration. **Initial** _____
- Parents/guardians assume the responsibility to pay the cost of repairing/replacing school property maliciously damaged by the student. **Initial** _____
- We agree to pay the following tuition fees when due: **Initial** _____

Starfish Tuition

Full Time/5 Days \$195/per week
Part Time/3 Days \$160/per week
Part Time/2 Days \$140/per week

Busy Bee/Learning Lion/Leap Frog Tuition

Full Time/5 Days \$185/per week
Part Time/3 Days \$150/per week
Part Time/2 Days \$130/per week
VPK/Full Time \$125.29/per week

Date: _____

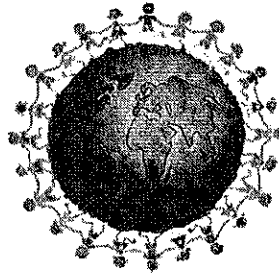
Signature: _____

1st Parent/Guardian

Date: _____

Signature: _____

2nd Parent/Guardian



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CHILD'S NAME: _____

1. ARTICLE X111, A, 8, a, Palm Beach County Regulations requires that parents must receive a copy of the Child Care Facility Brochure, "Know Your Child's Day Care Center". I have received a copy of "Know Your Child's Day Care Center".
2. ARTICLE XIII, A, 8, a, Palm Beach County Regulations requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in event of serious illness or accident and if parents cannot be reached.
4. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Special Dietary Requirements: _____

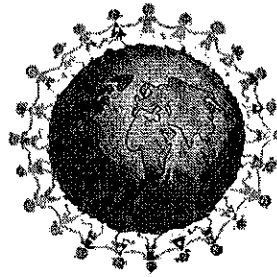
I understand and approved the use of the Alternate Nutrition Plan. I agree to provide and/or purchase the following meals and/or snacks to meet my child's nutritional and dietary needs:

PARENT PROVIDES PRIOR TO SCHOOL	CENTER PROVIDES	PARENT PROVIDES	PARENT PROVIDES
BREAKFAST	AM SNACK	NOON MEAL/LUNCH	PM SNACK

Signature of Parent or Guardian Date

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of Alternate Nutrition Plan.

Signature of Owner/Operator Date



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EMERGENCY EVACUATION PLAN

Dear Parents,

Thank you for enrolling your child at Epiphany.

The Palm Beach County Department of Health requests childcare facilities to provide a written Emergency Evacuation Plan. Because safety of our children is first and foremost at Epiphany, we agree that this is a necessary plan to have in place.

We routinely practice "fire drills" with the children to be prepared for any situation that would force us to evacuate in a timely fashion. The emergency may not be of an extreme nature such as fire or hurricane, an emergency evacuation may be necessary for situations such as loss of electrical power or building flood.

Our first choice of action in our emergency evacuation plan is to move all children and staff to one of our alternate buildings on the property site: the Church Sanctuary or Emmaus/Seed Hall. Both Epiphany buildings are utilized on a daily basis and would provide the necessary means of safety for our children and staff. Our second choice of action, in an extreme emergency situation, would be to transport our children and staff from Epiphany to an alternate location. With Epiphany's own school bus and one CDL licensed bus driver on staff, we have the means of transportation already in place should an extreme emergency situation force us to vacate the Epiphany property.

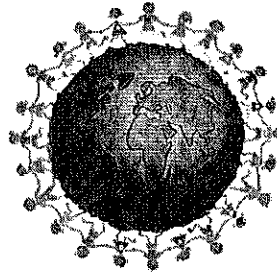
In any situation, once we have all children evacuated to a safe location, either on Epiphany property or off-site, we then will notify all parents of the emergency and evacuation location.

We trust the Lord will keep our children safe at all times. We have included an Emergency Evacuation Release Form in your enrollment packet. Your completion and signature will allow us to keep your child safe should an emergency evacuation become necessary. Thank you for keeping Epiphany Lutheran Church & School in your family's prayers.

In His Service,

A handwritten signature in cursive script that reads "Carolyn Einsteder".

Carolyn Einsteder
Preschool Director



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EMERGENCY EVACUATION PLAN - PARENTAL RELEASE FORM

The following information and release is necessary for the care and safety of your child should an emergency situation arise and an emergency evacuation is called for the safety of your child.

To be filled out and signed by child's parents or legal guardians(s).

Child's name

Address

Date of Birth

Parent/Legal Guardian

Address

Telephone Additional Telephone

.....

1) AUTHORIZATION OF CHURCH & SCHOOL

A. Medical matters

I/We hereby authorize Epiphany Lutheran Church to retain such medical care and treatment as it deems necessary and at the sole discretion of the Epiphany administrator and/or staff member(s) accompanying my child during an emergency evacuation situation.

Parent initial

B. Travel

I/We hereby authorized Epiphany Lutheran Church to remove my child and have him/her be transported from Epiphany Lutheran Church to an alternate location for safety during an emergency evacuation situation. I understand arranged transportation would be by school bus and/or safe vehicle transportation as provided by Epiphany Lutheran Church.

Parent initial

2) **PARENTS ASSUMPTION OF RISK**

A. Agreement Not To Sue

I/We will never institute or assist in any action against Epiphany Lutheran Church or members of the staff and administration on account of any emergency evacuation situations that call for my child's emergency removal and/or transportation off Epiphany property to a safe location.

_____ **Parent initial**

B. Insurance Coverage

I/We hereby confirm that we have checked with our insurance company the coverage of my child in case of emergency medical care. I/We are aware of the fact that the Epiphany administrator/staff member supervising will not take financial responsibility for accident, sickness, or medical care obtained while in Epiphany's care.

_____ **Parent initial**

Medical Insurance Carrier/Phone

Medical Insurance Policy Number

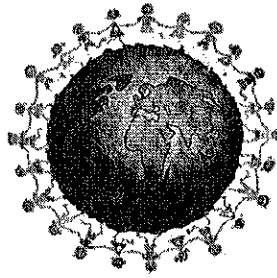
I/We have read this emergency release form and understand all its terms to my/our complete satisfaction and have executed this document freely and with full knowledge of its legal significance.

Date _____

(1) _____

(2) _____

Signature of both parents or legal guardians



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PARENT HANDBOOK STATEMENT

Upon full review of the Epiphany Lutheran Church & School Parent Handbook, 2015-16, please complete and sign this Parent Handbook Statement and return to the school office along with your child's Registration & Enrollment Packet.

Child's Name: _____

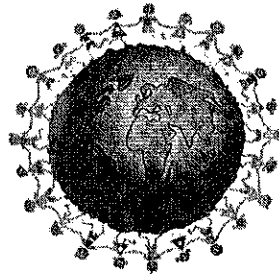
Parents' Names: _____

This statement is to verify that on _____,
(date)

as parent or legal guardian to my child, _____,
(child's name)

- I have read in completion the Epiphany Lutheran Church & School Parent Handbook for the 2015-16 school year.
- I acknowledge **ALL** information and will adhere to the policies and procedures as stated in the handbook.

Parent Signature: _____



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Field Trip Permission Slip

During my child(ren)'s enrollment with Epiphany Lutheran Church and School, my child _____ has permission to go on routine field trips within the vicinity of the school grounds. Such field trips are outside of the gated areas and include nature walks, bike days, walking to and from the chapel, soccer activities, the petting zoo, and any other event held outside of the playground. All "field trips" will be on site and children will not leave the school property.

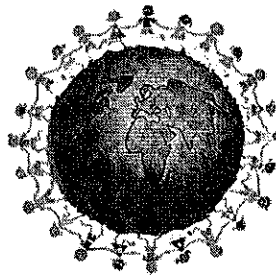
Permission to Photograph Your Child

Occasionally, the Epiphany staff takes candid pictures of the children to be used within the preschool for bulletin boards, classroom projects, Epiphany's Facebook Page and on our website. These photos will also be used to promote the preschool program at events such as the Epiphany Fall Festival, pumpkin patch, etc.

Child's Name _____

_____ Yes, you have my permission to use pictures of my child.

_____ No, you do not have my permission to use my child's picture in any way.



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Dear Preschool Parent,

Thank you for enrolling your child at Epiphany Lutheran Preschool. We are excited to welcome you into our family in Christ and to have the opportunity to share the Gospel of our Lord and Savior with you and your family.

Each week, one preschool family is designated as our 'Preschool Family of the Week.' Your family will be included in our weekly Sunday prayers for congregational families and members to pray for that week. Please fill out the information below so your family may be included in our 'Preschool Family of the Week.'

We invite you to visit and worship at Epiphany on Sunday mornings. We offer two family worship services each Sunday, as well as Sunday School and fellowship:

Table with 2 columns: Sunday Morning Worship Schedule (8:15am - Praise & Worship Service, 10:45am - Traditional Worship Service) and Sunday School / Bible Study (Sunday 9:30-10:30am, Wednesday Evening Bible Study 7:00 - 8:30pm)

Childcare is provided each Sunday during both worship services and during the Sunday School hour.

We invite you to join us in Worship and Giving Thanks as we grow in the Saving Grace and Knowledge of our Lord Jesus Christ.

Sincerely Yours In Christ, Epiphany Lutheran Church & Preschool

Preschool Family's Last Name _____

Family Address: _____

Home Phone: _____

Parents name: Father _____ Mother _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

Child's name: _____ Birthdate: _____

Request for special prayers on special occasions:

Occasion: _____ Date: _____
Occasion: _____ Date: _____

Signature: _____