



Lamb of God Preschool Ministry shares the Grace of God with families by providing exceptional Christian education; in a loving environment centered on growing together in Jesus Christ.

New Student Enrollment

Lamb of God Preschool classes are center-based, which allows for active exploration and hand-on learning. Children are engaged in age-appropriate activities that allow for thinking skills, language, social, emotional, and sensory development. All classes include Chapel and worship time, Motor Lab and Music.

Brandy Simmons

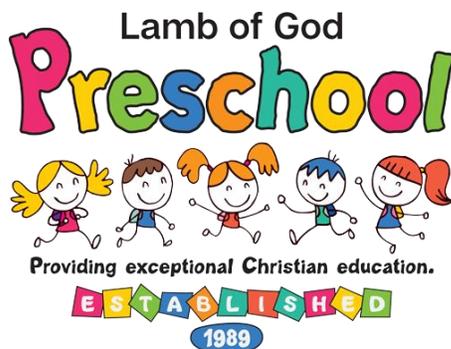
Director

preshool@log.org
(972) 539-0055

Kim MacDougall

Assistant Director

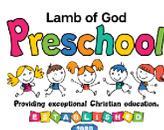
1401 Cross Timbers Road
Flower Mound TX 75028
log.org / preschool



Registration Instructions

- ☐ Complete and sign pages 1 - 5 and return to the Preschool office along with appropriate fees.
 - Page 1: Enrollment Information
 - Page 2: Liability Release
 - Page 3: Student Health Statement
 - Page 4: Tuition Express Authorization
 - Page 5: Texas Health and Human Services | Parent's Rights
- ☐ Pages 6 and 7 should be completed by the child's Physician and returned to the Preschool office prior to the first day of class.
 - Page 6: Physician's Examination
 - Page 7: Allergy Action Plan and Permission for Medication Form

Registration is contingent upon availability. For questions, please contact us at (972) 5390055 or preschool@log.org



2026-2027 School Year

Ph: (972)539-0055 Email: preschool@log.org Web: www.log.org/preschool



Toddlers Must be 18 months of age by September 1 st	Registration/Supply Fee Due at Registration	Monthly Tuition Fee Due the 1 st of each month
MWF am 8:30 - 12:30	\$300	\$375
TTh am 8:30 - 12:30	\$300	\$265
2 Year Olds Must be 2 years of age by September 1 st		
MWF am 8:30 - 12:30	\$300	\$375
MWF Full Day 8:30 - 2:00	\$300	\$415
TTh am 8:30 - 12:30	\$300	\$265
TTh Full Day 8:30 - 2:00	\$300	\$345
5 Day Option Available		
3 Year Olds Must be 3 years of age by September 1 st and must have toilet mastery		
MWF am 8:30 - 12:30	\$300	\$375
MWF Full Day 8:30 - 2:00	\$300	\$415
TTh am 8:30 - 12:30	\$300	\$265
TTh Full Day 8:30 - 2:00	\$300	\$345
TWTh am Day 8:30 - 12:30	\$300	\$375
TWTh Full Day 8:30 - 2:00	\$300	\$415
M-F Full Day 8:30 - 2:00	\$300	\$520
Pre-Kindergarten Must be 4 years of age by September 1 st and must have toilet mastery		
MWF Full Day 8:30 - 2:00	\$300	\$415
TWTh Full Day 8:30 - 2:00	\$300	\$415
M-F Full Day 8:30 - 2:00	\$300	\$520
Junior Kindergarten Must be 5 years of age by October 1 st and have completed Pre-K or have Director approval		
M-F Full Day 8:30 - 2:00	\$300	\$520
Summer Camp 2026 Must be 3 years of age by June 1 st and must have toilet mastery	Registration/Supply Fee Due at Registration	Tuition Due May 1 st
Tiny Chefs June 8-11	\$75	\$175
Art Explosion June 15-18	\$75	\$175

- Registration & Supply Fee is due at the time of registration, and is non-refundable.
- First month tuition due on April 15, 2026 or at time of registration and is non-refundable.
- Monthly Tuition is due on the 1st of each month.
- Request to change your enrollment/class is not guaranteed.
- Each class has a minimum enrollment requirement. Parents will be notified if a class does not meet the requirement. Three year olds must have toilet mastery.

Lamb of God Early Childhood Ministry Preschool
Director: Brandy Simmons P:972-539-0055 E:preschool@log.org www.log.org
New Student Enrollment & Emergency Information

Child's Name _____ Child's Birthdate _____
Last First Middle

Child is commonly called _____ Sex _____ Female _____ Male

Home Address _____
Street City Zip

Is there a current court order on file for this child? _____ No _____ Yes If yes, a valid copy must be provided before active enrollment is allowed.

Child Lives With _____ Both Parents _____ Mom _____ Dad _____ Guardian

Parent Information

Marital Status _____ Married _____ Separated _____ *Divorced _____ Single parent _____ Widowed

*If divorced, please give name and address of non-custodial parent.

Father _____ Cell Phone Number _____
Last First Area code + Number

Cell Phone Provider _____ E-Mail _____ Work Phone _____
Area code + Number Area code + Number

Employer _____

Mother _____ Cell Phone Number _____
Last First Area code + Number

Cell Phone Provider _____ E-Mail _____ Work Phone _____
Area code + Number Area code + Number

Employer _____

*Non-Custodial Parent _____ Phone _____
Last First Area code + Number

*Address _____

*State whether this person has permission to claim child at school _____ Yes _____ No

Family Religious Preference _____ Membership _____ N/A _____

Primary Language Spoken in home _____ Names & Ages of Siblings _____

How did you hear about us? Friend _____ Social Media _____ Other _____

Emergency Contacts

I give Lamb of God Early Childhood Ministry Preschool permission to release my child to and/or permission to contact the following people in case of an emergency when parent/guardian cannot be reached.

Name _____ Phone # _____

Address _____ Relationship to child _____

Name _____ Phone # _____

Address _____ Relationship to child _____

I agree all information listed above is honest and accurate as of the date noted. I have been notified the Parent Handbook and School Calendar are located on the school website: www.log.org. I understand that I am responsible for information in the Parent Handbook including, but not limited to:

*Registration/Supply fee and 1st month tuition are non-refundable * Failure to pay fees may result in forfeiture of class placement

* Each class has a student minimum enrollment requirement * Request to change enrollment or class is not guaranteed

* School Images of students may appear on the LOG Preschool website or other sources unless parent opts out by notifying the Preschool office administration * All students will be included in the Preschool Handbook/Directory * Three-year old program requires child be age 3 by Sept. 1 and must have toilet mastery

Parent/Guardian Signature _____ Date _____

For office use only- Date of Admission _____ Date of Withdrawal _____

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Student Health Statement

To be completed by parent:

Child's Name _____ Sex ____F ____M Child's Birthdate_____

List any allergies including food allergies: _____

Does the allergy cause a reaction that requires medical attention? ____ No ____*Yes

*If yes, you must complete an Allergy Action Plan and Permission for Medication Form. This form requires a Physician's signature.

List any recent illness: _____

List any chronic illness/condition: _____

If child has been hospitalized in past 12 months, please describe/explain:

Has your child travelled outside of the United States within the last 6 months? ____ No ____*Yes

*If yes, you must provide a Statement of Health and Well Being from a certified Physician.

List any conditions, limitations, or restrictions for which child may require special treatment: _____

Note: If medications are to be administered during school hours, an Allergy Action Plan and Permission for Medication Form must be completed, signed by a Physician, and on file in the Preschool office. All medications must be in the original container and labeled for the listed child only.

Child's Physician's Name: _____

Physician's Address: _____

Physician's Phone Number: _____

Authorization for Emergency Medical Attention

In the event the child named above requires emergency medical care and parent/guardian cannot be reached, I hereby authorize Lamb of God Early Childhood Ministry Preschool to secure any and all necessary medical care for my child.

Admission Requirement

A signed and dated Physician's Examination stating the child has been examined in the past year and is able to take part in the preschool program. A current and complete immunization record as required by Texas Department of State Health Services. A current and passing Hearing and Vision screen for 4+ year olds as required by Texas Department of State Health Services.

Requirements for Exclusion from Compliance

Immunizations: A signed and dated affidavit declining immunizations for reason of conscience, including religious belief as described by Section 161.0041 Health and Safety Code must be submitted no later than the 90th day after the affidavit is notarized.

Hearing and Vision: A signed and dated affidavit stating that the hearing or vision screening conflicts with the tenets or practices of a church or religious denomination the child is adherent or member of.

Parent/Guardian Signature

Date

LIABILITY RELEASE WITH PARENTAL CONSENT
FOR MEDICAL/EMERGENCY
TREATMENT AND TRANSPORTATION

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all Preschool activities conducted by Lamb of God Lutheran Church Preschool Ministry and to the participation of the child in all events related to these activities.

The undersigned hereby further authorize(s) staff and employees of Lamb of God Lutheran Church Preschool Ministry to provide for, approve and authorize emergency health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, surgery, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either preschool personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the preschool staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Lamb of God Lutheran Church Preschool Ministry shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The Preschool is well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the preschool and agree(s) to release, indemnify, defend and forever discharge Lamb of God Lutheran Church Preschool Ministry and its staff and employees of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect to death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the preschool.

Signature of Parent/Guardian

Date

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize Lamb of God Lutheran Church and Preschool to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (NO DEBIT CARDS)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV	
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>

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Physician's Statement

To be completed by Physician:

Child's Name _____

Date of Exam _____ Birthdate _____

Hearing Screening Results: Right Ear _____ Left Ear _____

Vision Screening Results: Right Eye _____ Left Eye _____

Other Tests: _____

Allergies or Medical Conditions _____

I have examined the child named above and find that he/she IS/IS NOT able to participate in a preschool program.

I have examined the immunization record and attest that it is a true and accurate listing and attached a copy to this document.

If the child named above has had varicella disease, chickenpox and does not require the varicella vaccine please initial and indicate the date of illness. _____

Physician's Signature _____ Date _____

Physician's Address _____ Phone _____

Please attach a current copy of the child's immunization record to this form.

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Allergy Action Plan and
Permission for Medication Form

This form must be completed and returned to the Preschool office in order for any medication (including Epi-Pen) to be administered to your child.

Child's Name _____ Birthdate _____

Allergy or Medical Condition:

Briefly describe what happens to your child during an allergic reaction:

Please explain treatment plan if your child develops an allergic reaction/medical condition:

- _____
- _____
- _____
- _____
- _____

I authorize Lamb of God Early Childhood Ministry Preschool to administer the medication listed below to my child:
Medication must be in its Original Container with Child's Name clearly noted on label.

Name of Medication

Dosage

I understand and agree that Lamb of God Early Childhood Ministry Preschool and its employees will not be held liable in so far as they administer medical care in conformance with the information provided on my child's Allergy Action Plan and Permission for Medication form. I understand that the school and its employees will use reasonable care in doing so.

Signature of Parent/Guardian

Date

Signature of Physician

Date

