

Bethlehem Lutheran Early Learning Center
1837 North Mountain Street
Carson City, NV 89703
(775) 882-5252

Dear Parents:

Thank you for your interest in enrolling your child in one of our programs. Here is some information regarding enrollment for the fall.

ENROLLMENT

Enrollment in Pre-K or 3 year old Preschool requires that the child be 3 or 4 on or before September 30th. Only after we have received the application forms and the non-refundable registration fee will we be able to secure a spot for your child for the fall. The forms listed below are required by the State of Nevada Bureau of Services for Child Care in order for a child to be enrolled.

1. **APPLICATION FOR ENROLLMENT:** Bethlehem church members and returning Preschool families have first priority during re-enrollment. Then enrollment is open to the community on a first come first serve basis.
2. **MEDICAL FORM:** This is to be signed by your child's doctor or nurse. You may not need a doctor's appointment if your child is an established patient. Please check with your doctor.
3. **NEVADA CERTIFICATE OF IMMUNIZATION:** Please fill out the top half (name, parent, etc.)
4. **PHOTOCOPY OF IMMUNIZATION RECORD:** To complete enrollment requirements, please be sure to attach a photocopy (front and back) of your child's immunization record.
5. **RECORD RELEASE:** Required by the Bureau of Services for Child Care.

REGISTRATION FEE

The non-refundable registration fee must accompany the paperwork for enrollment in order to secure your child's spot for the fall.

PRE-K and PRESCHOOL TUITION

Tuition is paid in full to the school **or** payment through the FACTS Management Company. Rate sheets are available on the web page.

PRE-K and PRESCHOOL DAYS

School days and vacations days follow the same basic schedule as Bethlehem Lutheran School. There are a few days that may be different than Bethlehem. A calendar for the year will be handed out at back to school night. The following are the days and times of the classes:

Pre-Kindergarten

Monday-Friday 8:00-11:30

3 year old Preschool

2 Day - Tuesday and Thursday 8:00-11:30

3 Day - Monday, Wednesday, and Friday 8:00-11:30

5 Day - Monday-Friday 8:00-11:30

AFTER SCHOOL CARE

Bethlehem Lutheran Church and School are blessed to also have an After School Program on campus. The After School Program runs Monday through Friday from 7:00-8:00 am and then from 11:30 am-5:30 pm. After School Care is paid weekly!

If you have questions regarding the enrollment process, please feel free to call Sandy at the school office at 882-5252 ex 100.

In His Service,

Debra Winkelman, ECE Director

Bethlehem Lutheran Early Learning Center

1837 Mountain Street Carson City, NV 89703

775/882-5252

APPLICATION FOR ENROLLMENT

Please check all that pertain: After School Care _____ Pre-K _____ 3 yr old Preschool 2-Day Pgm. _____
3-Day Pgm. _____
5-Day Pgm. _____

Child's name: _____
last first middle

_____ home phone
street address city state zip code
_____ sex
age date of birth

Student's Ethnic Origin (for Synod reporting purposes): Am. Indian ___ Asian ___ Black ___ Hispanic ___ White ___ Other ___

Church Membership at _____ Active _____ Inactive _____

.....

PARENT INFORMATION

_____ Father/Guardian	_____ Mother/Guardian
_____ Address if different than child's	_____ Address if different than child's
_____ Home Phone	_____ Home Phone
_____ Employer	_____ Employer
_____ Work phone Cell	_____ Work phone Cell

If only one parent has custody, who is the custodial parent? _____

Who will be responsible for payment? _____

_____ Signature of parent/guardian _____ Date

Application Received _____ Registration Fee Paid _____

Immunization _____ Medical Form _____

Bethlehem Lutheran Early Learning Center

1837 Mountain Street Carson City, NV 89703

775/882-5252

PICK-UP PERMISSION

Please list the person or persons who are permitted to pick up your child other than the parent or guardian. Persons NOT on this list will not be permitted to pick up your child unless a written note (NO FAX) from the parent/guardian is provided. NO EXCEPTIONS! Must have photo ID and be over 18 years of age.

Other than a parent or guardian, my child _____ may be picked
up from the center by: child's name

Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number

PERSON TO CALL IN CASE OF ILLNESS OR INJURY

Name	Relationship	Phone number
Name	Relationship	Phone number
Name	Relationship	Phone number
Physician's Name	Address	Phone number
Dentist's Name	Address	Phone number

My child has allergies to the following or special health problems:

I give permission to the staff of Bethlehem Lutheran to authorize medical or surgical care for my child _____ should a medical emergency arise. It is understood that a conscientious effort will be made to locate me before any action is taken, but if I cannot be reached, I will accept the expenses incurred for such emergency medical treatment.

Signature of parent/guardian

Date

PERMISSION TO RELEASE INFORMATION

Date: _____

I understand that the time my child, _____
is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

Signature of Parent/Guardian

Date



I do not give permissions to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Signature of Parent/Guardian

Date

Due to new regulations implemented by the state we are now required to have parents fill out the following information for your child's records.

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month I enrolled my child, _____ and the previous 12 months.

child's name

Parents Signature

Date

Bethlehem Lutheran Early Learning Center

1837 Mountain Street Carson City, NV 89703

775/882-5252

CHILD ENROLLMENT - MEDICAL

A health examination is required for each child admitted to the center.

I have examined _____ and find that he/she is free of infectious
Name of child
and contagious diseases.

Disabling conditions, physical or mental, affecting the child's participation in group activities:

Signature of physician/nurse

Date

address

Phone number

Bethlehem Lutheran After School Care

1837 N. Mountain St.
Carson City, NV 89703
(775) 882-6718

Dear Parent(s):

Bethlehem Lutheran is currently taking enrollment for the 12/13 school year for **students registered to attend Bethlehem Lutheran School and Preschool.** This is on a **first come first serve basis.** There will be a **flat fee for the week, due and payable on the first day of the week.** The School Board adopted the following fee schedule on January 7, 2012:

Category 1	Up to 10 hours per week	\$50.00	Registration Fee \$50
Category 2	Up to 20 hours per week	\$65.00	Registration Fee \$50
Category 3	Up to 30 hours per week	\$80.00	Registration Fee \$50
Category 4	Up to 40 hours per week	\$95.00	Registration Fee \$50

- Payment is due each week including times your child is sick or you take your child on vacation.
- Daycare **WILL NOT be open** the week of Thanksgiving, Christmas Break, and Easter Break.

Please complete and return this form **with the registration fee, remembering it's accepted on a first come first serve basis.** Put a check mark to indicate the days and between what hours your student will be using the After School program. Due to the number of students we have, **we are unable to accept drop-in students.**

Name of student to be enrolled: _____ Grade entering _____

	M	T	W	T	F
7:00-8:00 AM	_____	_____	_____	_____	_____
11:30-12:00 PM	_____	_____	_____	_____	_____
12:00-1:00 PM	_____	_____	_____	_____	_____
1:00-2:00 PM	_____	_____	_____	_____	_____
2:00-3:00 PM	_____	_____	_____	_____	_____
3:00-4:00 PM	_____	_____	_____	_____	_____
4:00-5:00 PM	_____	_____	_____	_____	_____
5:00-5:30 PM	_____	_____	_____	_____	_____

I have read the fee schedule and agree to pay the flat weekly amount of _____ for my student being enrolled in Category _____. I understand that if my account is **2 weeks in arrears** I will receive a reminder statement. **At 3 week a \$15 late fee will be added and my child's spot at the center is also in jeopardy.** A late pick-up fee of **\$10.00 per child** for every **15 minutes** starting at 5:30 p.m. will be charged.

Signature of Parent or Guardian

Date

Phone number _____