

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

Thank you for your interest in enrolling your child in one of our programs. Here is some information regarding enrollment for 2018-2019.

ENROLLMENT

Enrollment for Preschool programs requires that the child be of the appropriate age, 3 or 4, on or before September 1st Children **must be fully potty trained** before they can attend our center. 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.

APPLICATION FOR ENROLLMENT: Bethlehem church members and returning Preschool families have priority status through **February 23, 2018**; at which time enrollment is open to the community on a first come first serve basis.

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.

PHOTOCOPY OF IMMUNIZATION RECORD: To complete enrollment requirements, please be sure to attach a photocopy (front and back) of your child's immunization record.

RECORD RELEASE: Required by the Bureau of Services for Child Care.

FEES and TUITION

The non-refundable registration fee must accompany the paperwork for enrollment in order to secure your child's spot for the fall. Tuition may be paid in full by June 15, 2018 or payments will be made through the FACTS Payment Program. **Attached is the rate sheet with the registration fees and tuition payment options.**

PRESCHOOL DAYS

Preschool days and vacation days follow the same basic schedule as Bethlehem Lutheran School. There are a few days that may be different than the day school. A calendar for the year will be handed out at back to school night. The first day of school will be Monday, August 20, 2018. The following are the classes we offer for preschoolers.

Classes

Pre-K (4 & 5 year olds)
Monday-Friday

Preschool (3 year olds)
2 Day - Tuesday and Thursday
3 Day - Monday, Wednesday, and Friday
5 Day - Monday-Friday

Programs and Times

Class only 8:15 am – 11:30 am
1/2 day (class & daycare) 7:30 am – 3:00 pm
Full day (class & daycare) 7:30 am – 5:30 pm

REMINDER, the registration fee must accompany all forms (pages 1-5) for enrollment **and** the tuition option sheet to secure our child's spot for the fall.

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 Fax 775/882-3664

APPLICATION FOR ENROLLMENT

Child's name: _____
 last first middle

 street address city state zip code home phone

 age date of birth sex

Student's Ethnic Origin: African American ___ Am. Indian or Alaskan Native ___ Asian ___ Caucasian ___ Hispanic ___
Native American ___ Native Hawaiian/Pacific Islander ___ Other ___

Church Membership at _____ Active _____ Inactive _____
.....

PARENT INFORMATION

_____ Father/Guardian	_____ Mother/Guardian
_____ Father's Email	_____ Mother's Email
_____ 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? _____

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 in and the previous 12 months.

 Signature of parent/guardian

 Date

Application Received _____ Registration Fee Paid _____

Immunization _____ Medical Form _____

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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

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PERMISSION TO RELEASE INFORMATION

I understand that the time my child, _____ is enrolled in Bethlehem Lutheran Early Learning Center, that the director may be asked for information regarding my child.

Please sign below under ONE heading only

I hereby **give permission** to release information to official persons only, who identify themselves. Including but not limited to schools, health care personnel, welfare or other government/state officials.

Signature of Parent/Guardian: _____ Date: _____

I hereby **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: _____

FIELD TRIP PERMISSION

I understand my child's class could take a variety of field trips by private vehicles. I understand I will be notified prior to each selected trip with a written permissions slip with all the pertinent information. All field trips are properly supervised. We consider them an important part of our curriculum.

When going on field trips, we ask that each child has his/her own car seat. If you drive on a field trip, we ask that your vehicle be able to hold car seats for the children. When driving for field trips, if you have other children, we ask that you please leave them in someone else's care. We feel that this will ensure an enjoyable and safe trip for the children attending from Bethlehem Lutheran Early Learning Center.

I the undersigned parent of legal guardian of _____ does hereby grant permission to the faculty/staff and designated chaperone from Bethlehem Lutheran Early Learning Center to transport or accompany the above named student to and from school sponsored fieldtrips. This request is revocable by parental request at anytime.

Signature of Parent/Guardian: _____ Date: _____

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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

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775/882-6718 Fax 775/882-3664

Student's name: _____ Age: _____
Last First Middle

Programs and Times

Class only 8:15-11:30am

½ day (class & daycare) 7:30am-3:00pm

Full day (class & daycare) 7:30am-5:30pm

Program Enrolling For:

Pre-K Program

(4 & 5 year old) Monday-Friday:

Full Day _____

½ Day _____

Class Only _____

Preschool Program

(3 year olds)

5 Days: _____

3 Days: _____

(M-W-F)

2 Days: _____

(T & Th)

Class only: _____

1/2 Day: _____

Full Day: _____

If your child is signed up for the daycare, please put a check mark to indicate the days and hours your child will be using the **Daycare Program**.

	M	T	W	Th	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	_____	_____	_____	_____	_____

Daycare **WILL NOT be open** Federal and State holidays and the week of Thanksgiving, Christmas Break, and Easter Break.

I understand there will be a late fee for children left after their scheduled pick-up time. The fee will be **\$10 per child for every 15 minutes** a child is pick-up late. The fee will be added to the FACTS Payment Program.

Signature of Parent or Guardian

Date

Phone number _____