



Midtown Lutheran Preschool

731 Peachtree Street NE | Atlanta, GA 30308

404-600-4321

www.MidtownLutheranPreschool.org

PRESCHOOL STUDENT & FAMILY FORMS PACKET 2019-2020

Greetings Families,

We are excited for this school year with your child(ren) and family! Thank you for entrusting us with his/her early education experience. We are committed to offering a safe, balanced, and nurturing environment. We look forward to working with you and getting to know your family better.

For the start of the year, you will need to read the Family Handbook, review and submit all paperwork, and attend a Family Orientation (dates during the second week of the preschool year).

In this packet you will find a list of items we need including forms and a questionnaire we require annually. We need each family to confirm personal information in their online account at Procare <http://bit.ly/2exWcgf>. If contact information has changed, email the director changes. Additional forms can be found on the Enrolled Families tab under Enrollment (eg. Tuition Express, allergy plans, etc.)

There is a lot of information to submit and a lot to read in our Family Handbook (found on our family page <http://midtownlutheranpreschool.org/families/>). Your time spent on this is critical as you are signing into agreement with us to our practices and policies. Please also spend thoughtful time answering the questions regarding your child(ren). We DO read each packet and refer to them often through the school year. Don't hesitate to speak with us face-to-face any time about your child with happy news or concerns.

Please contact Kate with questions at kelkins@redeemer.org!

We look forward to the preschool year with you!
MTLPS Staff



PRESCHOOL PAPERWORK CHECKLIST

2019-2020

All following forms, information, and tuition MUST be completed, signed, and returned by Open House on August 6th.

In this packet to be returned:

- ☐ **Family Commitment Contract**
 - **Parent Notification of Program Exemption**
 - **Preschool Contract Agreement Statement**
- ☐ **Family Permissions**
 - **Media/Photo Release**
 - **Over the Counter Medications**
 - **Field trips**
- ☐ **Tuition and Fees Agreement**
- ☐ **Student/Family Information and Questionnaire**

Other To Do's online and/or files to be provided by family:

- ☐ **Auto-draft Form (for MONTHLY tuition – fill out section A or B)**
<https://s3.amazonaws.com/cdn.procaresoftware.com/pdfs/Tuition-Express/Tuition-Express-Parent-Authorization.pdf>
- ☐ **Allergy Plan Georgia Form - signed off by physician (if applicable)**
- ☐ **Current Immunization Record (ALL unless we have an unexpired on file)**
- ☐ **Online family information updated in MyProcare (ALL)**
- ☐ **Family photo – fairly recent preferred (ALL)**

Notice of Non-Discrimination

Enrollment at Midtown Lutheran Preschool, 731 Peachtree Street NE, Atlanta, GA is open to families regardless of race, color, ethnicity, national or ethnic origin, religion, sexual orientation, or family structure in administration of its educational policies and other organization-administered programs.



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FAMILY COMMITMENT contract 2019-2020

Child's Name: _____

PARENT NOTIFICATION OF PROGRAM EXEMPTION BY BRIGHT FROM THE START

I have been informed, and understand, based on limited hours and ages served (DECAL Exemption Rule 591-1-1.46), Midtown Lutheran Preschool and Parent Day Out programs at Lutheran Church of the Redeemer are exempt programs which are not licensed, or required to be licensed, by Bright from the Start - Georgia Department of Early Care and Learning.

I have also been informed that I can find more information at <http://dec.al.ga.gov/>.

Parent/Guardian Exemption Acknowledgement Initialed: _____

FAMILY CONTRACT STATEMENT

I have read, understand, and agree to the policies and procedures set forth by MTLPS in this information packet and the Family Handbook of policies and procedures. I agree to the terms and conditions of MTLPS and acknowledge this through my signature at the bottom. I know I can inquire with the director and teachers at any time if I have questions.

Parent/Guardian:

Printed Name

Signature

Date

{Office use only - Class placement: _____}



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PRESCHOOL PERMISSIONS 2019-2020

Child's Name: _____

MEDIA/PHOTO RELEASE FORM

Through the year MTLPS would like to take photos and videos to put in newsletters, maintain our website, and use in other marketing pieces. We would like your permission to take your child's photo and/or video and use his/her image and/or video. MTLPS will not identify children by name when using images or video.

Do you grant permission for MTLPS to photograph and/or videotape your child for the parameters stated above?

Please initial below.

_____ **I DO**

_____ **I DO NOT**

OVER-THE-COUNTER MEDICATION

I authorize MTLPS to apply the following over-the-counter medications onto my child. Please initial choice below.

_____ ALL _____ NONE _____ ONLY the items checked:

_____ Sunscreen _____ Insect Repellent

_____ Topical 1st Aid ointments or liquids _____ Diaper cream (if applicable)

FIELD TRIPS

I grant my child permission to attend field trips within a five block radius through verbal notification. Typically this will be for short walks when the playground cannot be used, trips to Lutheran Towers, etc. For trips farther than this distance, a formal permission slip will be signed by a parent/guardian.

Please Initial below.

_____ **I Agree**

_____ **I DO NOT Agree**

Parent/Guardian:

Printed Name

Signature

Date



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TUITION & Fees Agreement 2019-2020

CHILD'S NAME: _____ # Days/Week Registered _____
Annual Rates: ~2 day \$3050 ~3 day \$4150 ~4 day \$5150 ~5 day \$6050

See Tuition Procedures in the Family Handbook for complete information on responsibilities and commitment. Check below and fill out your tuition option:

___ **PAY IN FULL (PIF)** 6% discount for total annual tuition paid in full. Payment is DUE before the first day of school (August). Option available August-September enrollments. October-February PIF payments default the 3-Payment and receive 4% off tuition.

• Annual Tuition \$_____ - 6% \$_____ - Deposit* \$_____ = Amount DUE: \$_____

___ **3 EQUAL PAYMENTS** - 4% discount for tuition payment in 3 equal payments DUE before the first day of school (Aug.), November 1, and February 1. If payment is not received by the 1st day of classes (August), 15th November, or 15th February, a \$25 late fee will be applied. Option available only August-January. Enrollments in February-May default to Monthly.

• Annual Tuition \$_____ - 4% \$_____ - Deposit* \$_____ = Amount DUE: \$_____

• 3 Payments each of: \$_____ DUE Aug., Nov., Feb.

___ **MONTHLY** - Pay tuition in 10 monthly payments DUE on the first of the month beginning in August and continuing until April. **Monthly payers are required to register for automatic bank or credit card draft through Tuition Express.** Download form return to director with your packet:
<http://bit.ly/2pl6kAQ>.

• Annual Tuition \$_____ = 10 Payments (1 deposit* + 9 tuition) each of: \$_____

• TE Express form submitted: _____

*ALL fees and deposits are NON-refundable.

-I have read the Tuition and Fees policies and procedures included in the Family Handbook.

I understand, agree to, and am responsible for the Midtown Lutheran Preschool tuition procedures agreement, fees, and payment schedule stated on this form and in the Handbook unless otherwise authorized by director.

-I understand MTLPS reserves the right to make program and financial adjustments and will clearly communicate adjustments to me.

By signing and returning this form I commit to MTLPS tuition agreement.

Parent/Guardian Printed Name

Signed

Date

Tuition Term Notes (including prorated tuition, siblings, etc.) – Director Approved ONLY:

Director Initial: _____ Date: _____



STUDENT and FAMILY INFORMATION

Child's Name: _____ DOB: _____

Parent/Guardian Information

Please go to www.MyProcare.com to check and update address and phone information.

Name:	Name:
Email*:	Email*:
Mobile #**:	Mobile #**:
Carrier:	Carrier:
Occupation (current or previous) and employer (if applicable):	Occupation (current or previous) and employer (if applicable):
Professional background/experiences, education/degrees, talents, interests, expertise, hobbies, etc.:	Professional background/experiences, education/degrees, talents, interests, expertise, hobbies, etc.:

*Email is our primary way of communication. Please list your most frequently used email.

**We require a mobile # and carrier information for texting for alerts and urgent notices.

Parental/Guardian relationship status (married, single, etc.): _____

Please notify us with all legal paperwork if your family has guardianship or custody needs.

List all non-parental/guardian members living in the current household and relationship to child (other adults, siblings, etc.): _____

Non-Parental Emergency CONTACTS

_____ (Initial) I authorize those listed below to be contacted in the case of an urgent matter or emergency if I/we (parent(s)/guardian(s)) are not able to be reached. I also authorize each to pick up and help care for my child in my/our absence.

Name			
Phone number(s)			
Relationship to child/family			

Continue on back if needed.

HEALTH

MEDICAL INFORMATION AND RELEASE

Pediatrician/Practice: _____

Phone: _____ Address: _____

Waiver of Liability

In case of emergency, I give MTLPS permission to transfer my child to the best hospital choice. In addition, any procedure deemed necessary may be performed on my child. I agree to be fully responsible for all medical expenses that incur during treatment and hold harmless and release MTLPS from all liability. Priority will be made to contact me and our physician listed above.

Signed: _____ Date: _____

Insurance Carrier: _____

Policy Holder Name: _____ Relationship to child: _____

Group ID: _____ Member ID: _____

Claims Phone #: _____

IMMUNIZATION RECORDS

Please submit your child's most recent immunization record, or immunization exemption, with this form. {Record received (office use only): _____ }

HEALTH AND DEVELOPMENT INFORMATION

Allergies - Please list allergies and how they are manifested and treatment used at home. Attach additional sheet if needed. **Families must verbally alert/discuss with classroom teacher(s) AND director.** If child has an allergy plan, Epipen prescription, other medication needs, etc., see director or our website for additional state of Georgia physician forms:

Development - Please list **developmental special needs** of which you are aware or **developmental concerns** you have. **Contact director for developmental planning meeting.**

Other important information - Health/medical needs, therapy, medications, other non-allergy dietary, etc.:

ABOUT CHILD and Family

FAMILY BACKGROUND

Birthplace of child: _____

For purposes of record keeping for IRS form 5578 non-discrimination policy, we ask that you provide us with your child's racial information based on U.S. census categories. See parentheses for region of origin:

_____ American Indian or Alaskan Native (North, South, Central America)

_____ Asian (Far East, Southeast Asia, Indian subcontinent)

_____ Black or African American _____ Native Hawaiian or Other Pacific Islander

_____ White (European, Middle Eastern, North African)

_____ Multi-racial (select all categories above that apply)

_____ Other: _____ Does your family identify with being Hispanic and/or Latino? Y / N

Birthplace (country) of parents/guardians: _____

Primary language(s) spoken at home: _____

Other language(s) and proficiency: _____

Methods of language exposure (ie. people, print, TV, apps/computer, music, travel, etc.)

PERSONALITY & DEVELOPMENT

Describe your child in 3-4 words: _____

Tell us more about your child's personality:

What does your child do well?

What are some areas for growth or concern for your child?

What are your child's non-screen interests? (i.e. favorite activities, places, toys, people, etc.)

List names and relationships of people and/or animals in child's life that they may talk about beyond those listed in the home above (i.e. cousins, grandparents, babysitter, close friends, etc.):

Please list the names your child calls you and other family members (ie. "Papa" or "Baba" for what we typically say for "Daddy/Dad" in the states; Omi/a/Opa for grandparents, etc.):

Tell us about how your child interacts in large and group settings:

List and describe previous group care experience (ie. daycare, school, church nursery, classes, etc.):

List and describe outlets for *friendships* with other children that your child currently has and/or has had? (ie. classes, playgroups, other school experiences, family-fostered friendships, etc.):

Tell us about your expectations and hopes for your child's preschool experience this year *and* long term:

Tell us about your family's guidance/discipline style:

Tell us about any major life changes your child has experienced in the past year or are expecting during the school year (i.e. moving, new sibling, pet loss, etc.):

Tell us generally about your family life and cultural values at home and extended family:

Tell us about religion and spirituality in your home (if applicable):

Other:

- Approximately, how much screen time does your child get? (Please include total TV, phones, tablets, computer, etc. for pleasure *and* learning)?
Daily: _____ Weekly _____
- Approximately, how much time does your child spend playing outside?
Daily: _____ Weekly _____
- Tell us about your child's eating habits (eg. family meal culture, self-feeding, preferences, etc.):

- Tell us about your child's sleeping habits: _____

 - Approximately, how many hours of sleep does your child get each day?
Naps (if applicable and list times): _____ *Night*: _____
- Toileting – circle one below (Children in Multiage must be toileting independently)
Fully/Independently *With Assistance/In Training* *Neither (diapers)*
 - If applicable, approximately when did toilet training begin? _____

Is there additional information to share about your child's physical habits? If there are medical issues around these topics (or others), list here and set up a time to meet with teachers and director.

List any extracurricular activities/classes/teams (dance, yoga, martial arts, gymnastics, soccer, etc.) in which your child is involved: _____

Is there anything else you would like us to know (i.e. about your child, family, expand on a previous answer, etc.)? Please continue or back if needed and discuss with teachers if necessary.

What are ways in which you see your family involved in your child's preschool education and our school community based on your child's needs, family interests, professional background, talents, etc.? For instance: event help or coordination, chaperoning trips, classroom reader, classroom project or lesson, fundraising, Ministry team, any other ideas or interests you have, etc. _____

