



2021-2022 Welcome Letter

Welcome to Grace Lutheran School! Our mission is to provide a place away from home and family where children can feel a sense of love, security and self-worth while learning about the love and grace of God through His son Jesus.

Open Enrollment will begin on March 1st, 2021. Your child's acceptance and placement in a class is conditional upon the date and time GLS receives all items listed below. ALL students, new and returning must complete this enrollment process. We ask that you submit the following items all together:

- ☐ The **ENROLLMENT PACKET** must be completed in its entirety with all necessary signatures. Emergency contacts and driver's license numbers (as with most of the information collected in the enrollment paperwork) are a requirement of the state and must be provided. Allergy/Dietary restriction forms are due at the time of enrollment.
- ☐ **TURN IN COMPLETED HEALTH RECORDS.** All health records must be updated once a year to meet state guidelines. We require all health records to be submitted with the enrollment packet in order to complete the enrollment process.
 - **DOCTOR'S STATEMENT OF HEALTH** – This document (or one similar) must be signed and dated by a physician, another requirement of the state. It can be mailed, faxed, or brought in.
 - **SHOT RECORDS** – Our records must be updated each time a child is immunized. This typically occurs at 2 mos., 4 mos., 6 mos., 12 mos., 15 mos., 18 mos., 2 yrs., and 3 yrs. These may be faxed or emailed from the doctor's office or brought into the office.
 - **HEARING AND VISION SCREENING (4 AND OLDER)** – The results of your child's hearing and vision screening may be filled in the appropriate boxes on the Doctor's Statement of Health or turned in on a separate form.
- ☐ **PAY THE ONE TIME REGISTRATION FEE (\$150 per child for new families and \$100 per child for returning families) AND SUPPLY FEE (\$100 per child).** The registration fee is required to reserve a child's spot in his/her class. It is separate from tuition and is nonrefundable. Complete Tuition Express ACH/CC Autodraft Form for Tuition and Registration Fee.
- ☐ **BECOME FAMILIAR WITH OUR DATES & HOURS OF OPERATION.** Our regular hours during the school year are 8:30am to 2:30pm. We also offer extended care and holiday care at an additional charge. This service is offered to all families at an hourly rate or a monthly rate. During the school year, our hours are 6:30 to 6:30. Summer hours are 6:30 am-6:00pm. (see page 3 of the Parent Handbook for additional details).
- ☐ **PURCHASE NECESSARY ITEMS, SUCH AS A NAP MAT, BACKPACK, AND LUNCH BOX.** (see page 7 of Parent handbook for additional details).
 - All students need to bring a lunch each day. Please help us in promoting good health and nutrition.
 - Nap Mats for Three and under
 - Infants and toddlers require diapers and formula and/or baby food



A Ministry of Grace Lutheran Church, 13123 Highway 105 West, Conroe TX 77304
Director: Lauren Hinze

2021-2022 School Year Enrollment Forms

CHILD'S INFORMATION

Child's Name: _____ Nickname: _____

(Last)

(First)

Start Date: _____ Age (as of September 1, 2020) _____

Home Phone #: _____ Birthdate: ____/____/____ Male/Female: _____

Primary Street Address: _____

City: _____ State: _____ Zip: _____

Please attach a recent picture of your child to the front of this enrollment packet

ENROLLMENT

Select the days and time that you would like to register for the 2021-2022 school year. Program placement is based on the child's age as of September 1st, 2021.

Program

☐ Infant ☐ Toddler ☐ Two ☐ Three ☐ PreK ☐ Kindergarten

Days

☐ 2 Days T/TH (not available for infants) ☐ 3 Days M/W/F ☐ 5 Days M-F

Time

Primary Hours of Care: _____ A.M.-_____ P.M.

☐ School Hours (8:30am-2:30pm) ☐ AM Care (6:30am-8:30am) ☐ PM Care (3:30pm-6:30pm)

Parent Signature _____ Date _____ Parent Signature _____ Date _____

We are asking that you submit all items (packet, vaccinations, ACH Draft Form) together. Due to state mandates, GLS will not be able to accept partial or incomplete enrollment packets.

Office Use Only

Classroom: _____

Teacher: _____

Staff Signature: _____

Date Received: _____

Our policies require that the following information be on file for each child before attending school and that parents provide written notification of any immunization updates. Updated immunization records as well as your physician's signature are required for each new school year.

FAMILY INFORMATION

Father's Name: _____ **Cell Phone #:** _____

Home Address: _____

Employer: _____ **Work Phone #:** _____

E – Mail Address _____ **License Number:** _____

Mother's Name: _____ **Cell Phone #:** _____

Home Address: _____

Employer: _____ **Work Phone #:** _____

E – Mail Address _____ **License Number:** _____

Primary Payer's Name:

Home Address: _____

Email Address: _____ **Phone #:** _____

PERSONS AUTHORIZED TO PICK UP CHILD OR TO BE CALLED IN CASE OF AN EMERGENCY: Your child will be released **ONLY** to parents or to an adult designated in writing by a parent (*driver's license# required*). Please list persons who have your permission to pick up your child and who can be contacted in case of an emergency if you cannot be reached. The state requires that we must have at least one emergency contact. (*Please be certain that the people you designate are willing to pick up your child in case of an illness or emergency.*)

Name: _____ **Phone:** _____ **Relation:** _____

Address: _____ **DL#:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Address: _____ **DL#:** _____

Name: _____ **Phone:** _____ **Relation:** _____

Address: _____ **DL#:** _____

Parent Signature _____ **Date** _____ **Parent Signature** _____ **Date** _____

MEDICAL INFORMATION / EMERGENCY MEDICAL AUTHORIZATION

In the event that I cannot be reached to make arrangements for emergency medical authorization, I authorize Grace Lutheran School or person in charge to **take my child** to:

(Name of Doctor)

(Doctor's Address)

(Phone Number)

Name of Insurance Co.: _____ **Phone:** _____ **Company Policy #:** _____

ALLERGIES/DIETARY RESTRICTION

Child's Name: _____ Child's Birthdate: _____

Does your child have any allergies? Y / N Does your child have dietary restrictions? Y / N

Allergies*: _____ EpiPen Required? Y/N

Treatment: _____

Dietary Restriction*: _____ EpiPen Required? Y/N

*Allergy/Dietary Restriction Action Plan: required written document outlines recommended treatment in case of an allergic reaction or dietary restriction, signed by a parent and child's physician with emergency contact information.

Does child take any medication on a regular basis? _____ If yes, what? _____

Special Needs: _____

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Parent Signature _____ Date _____ Parent Signature _____ Date _____

PLEASE READ AND INITIAL EACH OF THE FOLLOWING CONSENTS

MEDICATION:

I give Grace Lutheran School permission to administer a one-time label approved dose of fever reducer to my child. I understand I must also give verbal consent the day the medication will be administered _____

WATER ACTIVITIES:

I give Grace Lutheran School permission for my child to participate in water activities that include sprinklers, slip and slides and water toys. Prior notification of any water activities of this nature will be sent home. _____

PHOTOGRAPHS / VIDEO:

I give Grace Lutheran School permission to photograph or videotape my child in school activities for classroom viewing, art projects, Facebook page and the church/school website. _____

WALKING FIELD TRIPS:

I give Grace Lutheran School permission for my child to participate in walking field trips limited to the church property. I understand that my child will either ride in a stroller or walk with his/her class and teachers to participate in supervised activities. _____

BUG SPRAY/SUNSCREEN:

I give Grace Lutheran School permission to apply sunscreen/bug spray to my child throughout the day as needed. _____

TOPICAL OINTMENTS:

I give Grace Lutheran School permission to apply topical ointments such as diaper cream, Children's Benadryl Gel and Hydrocortisone Cream to my child as needed. _____

FOOD:

I give Grace Lutheran School permission for my child to have food other than parent-provided meals and/or snacks. This includes commercially produced or home-prepared foods for birthdays, feast days, holiday parties, snacks, etc _____

Parent Signature _____ Date _____ Parent Signature _____ Date _____

CHILD'S PERSONAL HISTORY:

Living Arrangements (Optional):

Parents: Both _____ Mom _____ Dad _____

Married _____ Separated _____ Divorced _____ Single _____

Grandparents _____ Guardian _____ Stepfather _____ Stepmother _____

MANDATORY: If court ordered visitation applies, please provide copies of court documents concerning custody, guardianship, visitation, etc.)

Please update us on your child's preferences and personality. Continue on the back if necessary: (Parents of infants, please see your child's teacher for an Infant Feeding Habits Sheet)

How did you hear about Grace Lutheran School? _____ Referred By _____

Has your child had any previous childcare or preschool experiences? _____

How often does your child stay with people other than parents (i.e. Sunday School, babysitters, Grandparents, etc.)? _____

Who cares for your child when you are away from home? _____

What is your child's typical reaction to being left with someone? _____

Do you have any pets? _____ Names and kinds _____

Favorite toys _____ Favorite activities _____

Is your child potty trained? _____

What word does your child use when he/she needs to go to the bathroom? _____

What time does your child go to bed at night? _____ Get up in the A.M.? _____

Does your child take afternoon naps? _____ If so, what time? _____ How long? _____

Any special instructions for napping? _____ Lovie? _____ Pacifier? _____

How does your child act when upset? _____

What helps to reassure your child? _____

What causes your child to lose his/her temper? _____

What things does he/she fear? _____

What types of discipline do you use? Such as Ignoring _____, Redirection _____, Sending to room _____

Time out _____, Other _____

Describe your child's personality _____

Is your child adopted? (optional) _____ Age at adoption? _____ Does your child know he/she is adopted? _____ Comments _____

Please tell us of any special needs that your child may have or concerns that you may have regarding your child. _____

Parent Signature _____ Date _____ Parent Signature _____ Date _____

Acknowledgement of GLS Policies 2021-2022

I have been offered the option to receive a paper copy or electronically access at www.glsconroe.org the Grace Lutheran School Parent Handbook.

I have chosen to:

- ☐ Accept responsibility for accessing these documents by visiting the web address listed above or
- ☐ Receive a paper copy of these documents

I understand that these policies describe important information regarding Grace Lutheran School. If at any time I have questions regarding these policies, I should consult the Director.

My relationship with Grace Lutheran School is voluntarily entered into and is subject to termination by me or GLS at will, with or without cause, at any time that either GLS or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I agree to abide by all policies stated in the GLS Parent Handbook. I understand that I will be notified in writing of any changes in these policies. Any complaints, concerns, or grievances against Grace Lutheran School will be made in writing and will be handled in a timely manner according to the GLS policies.

Parent Signature and Date

Parent Signature and Date

Child's Name

Child's Name

Child's Name



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 (business name) Grace Lutheran School 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.

☐ Registration ☐ Supply Fee ☐ Tuition

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) 3% processing fee

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

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number

A service of





Immunization and Physician's Statement

Health Records may be faxed to 936-588-0388 or emailed to enrollment@glsconroe.org

Child's Name: _____

Date of Birth: _____

Immunization Record:

The Texas Department of Public Safety requires us to have an up to date copy of your child's immunization record.

☐ Attached is a copy of my child's most current immunization record. I understand I am to provide GLS with an updated copy of my child's immunizations each time he/she receives them.

Physician's Statement:

The Texas Health and Safety Code requires that a physician's statement of health be on file for each student. Health statements are due one a year.

☐ Attached is a signed and dated copy of a healthcare professional's statement

HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the child care program.

 Health Care Professional's Signature

 Date

Vision and Hearing Screening:

The Texas Health and Safety Code requires that children 4 years and older must be screened or have a professional examination for possible hearing and vision problems.

☐ Attached is a vision and hearing screening signed by a health care professional

Vision	R 20/ _____	L 20/ _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
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 Health Care Professional's Signature

 Date

Hearing	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
R				
L				

 Health Care Professional's Signature

 Date



2021-2022 School Calendar

August 12, 2021 - May 26, 2022

AUGUST '21						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

7/6-8/4 Summer Session II
 8/5-8/6 Closed-Teacher Inservice
 8/9-8/11 No School
 8/12 First Day of School

FEBRUARY '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

2/14 Sweeties with your Sweetie
 2/21 Presidents' Day
 2/25 Go Texan Day

SEPTEMBER '21						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

9/6 No School-Labor Day
 9/13-9/15 Fall Picture Day
 9/29 Childhood Cancer March

MARCH '22						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

2/28-3/4 Dr. Seuss Week
 3/11 GLS Color Run
 3/14-18 Spring Break

OCTOBER '21						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

10/4-10/8 Fire Prevention Week
 10/11 No School-Columbus Day
 10/29 Storybook Parade

APRIL '22						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

4/13 Easter Chapel
 4/27 Water Balloon Fundraiser
 4/15 Closed-Good Friday

NOVEMBER '21						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

11/1 Thanksgiving Food Drive Starts
 11/10-11 Class Portraits
 11/22-23 Holiday Care
 11/24-26 No School-Thanksgiving Break

MAY '22						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

5/6 Mother's Day Celebration
 5/13 E.O.Y. Program (early release 2:30)
 5/26 Last Day of School
 5/27 No School- Teacher In service
 5/30 Closed-Memorial Day

DECEMBER '21						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

12/1 Santa Comes to Chapel
 12/3 Christmas Program (early release 2:30)
 12/10 Santa's Fun Run
 12/15 Christmas Chapel
 11/20-21 Holiday Care
 12/22-24 No School-Christmas Break
 12/27-28 Holiday Care
 12/30-31 No School- New Years

JUNE '22						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

5/31-7/1 Summer Session I

JANUARY '22						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

1/3 No School- Teacher In service
 1/4 First day of 2nd Semester
 1/17 No School-M.L.K. Day

JULY '22						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

7/4-5 No School-Independence Day
 7/6-TBD Summer Session II



2021-2022 Tuition Rates

Yearly Tuition

Class	Days	Yearly Rate*	Monthly Tuition Rate
Infant	M-F	6500	650
Infant	MWF	4875	488
Toddler	M-F	6400	640
Toddler	MWF	4800	480
Toddler	TTH	2880	288
Two	M-F	6100	610
Two	MWF	4575	458
Two	TTH	2745	275
Three	M-F	5800	580
Three	MWF	4350	435
Three	TTH	2610	261
PreK	M-F	5700	570
PreK	MWF	4275	428
PreK	TTH	2565	257
Kindergarten	M-F	6500	650

Extended Care

Days	AM Care Monthly Rate	PM Care Monthly Rate	Monthly AM & PM Care
M-F	100	200	300
MWF	60	120	180
TTH	40	80	120

Other Rates and Fees

Yearly Tuition:	Divided into 10 equal monthly payments. Based on the total
School Hours Tuition:	8:30 AM - 2:30 PM
AM Care:	6:30 AM-8:30 AM
PM Care:	2:30 PM-6:30 PM
Enrollment Fee:	New Enrollment: \$150 per child for new families Re-Enrollment: \$100 per child for returning families \$90 for each additional child
Supply Fee:	\$100 per child per semester (Sept & Feb)
Hourly Drop in AM/PM Care:	flat rate of \$10 per hour
Daily Drop in Rate:	must be pre-arranged at a rate of \$60 a day
Holiday Care:	available during some holidays for a pre-paid rate of \$60 a day
Sibling Discount:	10 % off of oldest sibling's yearly tuition rate
Program Placement:	Based on child's age as of September 1st, 2021