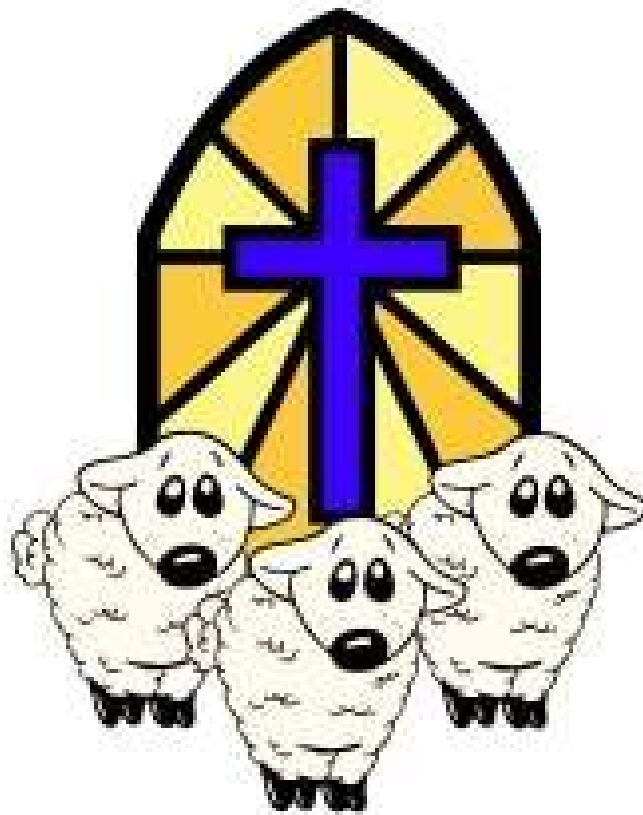


LITTLE LAMBS, TRINITY EARLY LEARNING CENTER



Registration Packet
2024-2025

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(970) 867-4931

School Supplies

Supplies

- Backpack
- Change of clothing in a zip lock bag
- Blanket for nap time (only if you are full day)
- 1 labeled water bottle
- 3 packages 8oz cups
- 2 packages 3oz Dixie cups
- 2 – 100 ct. packages Spoons
- 1 -- 100 ct. Package Forks
- 2 packages of 100 ct. paper plates
- 1 package napkins
- 2 boxes Kleenex
- 2 reams of copy paper

Required Documents for Registration

- Copy of child's Birth Certificate
- Copy of Immunization Record or Waver
- Current Physical due when the child starts (form enclosed)

Families,

Entering preschool is a new and exciting adventure for you and your child. Our goal is that every child will be loved, cared for, and respected by everyone he/she comes into contact with. Learning happens gradually and at an individual pace.

We want to ensure your child has opportunities to meet his/her full potential. With this new experience come new challenges. With God's grace and guidance, we will overcome them together, reaping the joys of your child's growth, learning, and development.

**LITTLE LAMBS, Trinity ELC 2024-2025
REGISTRATION FEE AND TUITION AGREEMENT**

Attendance choice: _____ Part Day _____ Part Day Plus Lunch _____ Full Day
 _____ Extended Day

_____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Student _____ PreK Annual Reg. Fee \$115 Annual Tuition _____

Student _____ PreK Annual Reg. Fee \$115 Annual Tuition _____

Student _____ PreK Annual Reg. Fee \$115 Annual Tuition _____

Total _____

I will pay tuition:

annually _____ 6 months _____ 4 months _____ 2 months _____ monthly _____

If monthly, I would like my payment to be withdrawn on the 5th _____ 20th _____, and I will sign up for the FACTS tuition management service and pay the annual fee of \$50. (Please sign up on the FACTS link at triinitylutheranfortmorgan.com)

By signing below, I acknowledge that I have read Little Lambs, Trinity, ELC’s registration and tuition policy and agree to pay the tuition indicated above by the method stated above.

SIGNATURE _____

DATE _____

PRINT NAME _____

Our Partnership with FACTS

As a Lutheran School, our desire is always to concentrate our available human and financial resources on our primary mission of education. To help us meet this goal, we will again partner with FACTS Management Company to carry out the deferred tuition payment function for the 2024-2025 school year. Our research indicates significant benefits to school staff and families, including convenience, flexibility, and secure online access to individual account information.



A Sensible Plan

We are proud to partner with FACTS, the industry's leading tuition payment plan provider. This is not a loan program, so no debt is incurred, and no credit check is conducted. The cost to budget your interest-free monthly payment plan is a nominal, annual, nonrefundable FACTS Enrollment Fee. You may budget your tuition and fees in the following ways:

Automatic Bank Payment (ACH)—ACH payments are those you have authorized FACTS to process directly through your financial institution. It is simply a bank-to-bank transfer of funds that you have pre-approved from either your checking or savings account on the 5th or 20th of each month.

Your Payment Plan Options

- ❖ **Monthly payments through FACTS**, 10 payments Aug. - May. Beginning in August, these payments will be automatically deducted from your checking or savings on your choice of the 5th or 20th of the month. The FACTS annual enrollment fee is \$50 per family and will be deducted from your account prior to the first tuition payment. This fee may increase yearly.

With FACTS, the school maintains decision-making control. As always, we will continue to work with families should special circumstances or “hardship” cases arise during the school year.

Convenient Online Enrollment



You can enroll in the FACTS Payment Plan online by linking from the school's Web Site. Registering online is simple and secure.

Be sure to have the following information ready:

- The name, street address, and e-mail address of the person responsible for making the payments.
- To protect your privacy, you will be asked to create your unique FACTS Access Code. Please be sure it is something you can easily remember.
- Account information for the person responsible for payment: bank name, telephone number, account number, and the bank routing number. Most of this information is located on your check.

Before you click the Submit button, please carefully read the Final Review and the Terms and Conditions. Notification confirming your enrollment in FACTS payment plans through e-Cashier will be sent to you after your school enters the net tuition amount due for the year. Then the annual enrollment fee will be automatically deducted from your account.

Returning FACTS Families:

- If you paid by a checking or savings account the previous school year through FACTS, you will be automatically re-enrolled in the FACTS program. Once Trinity Lutheran School completes this enrollment, you will receive a confirmation notification letter, and the annual enrollment fee of \$50 will be automatically deducted from your account.

If you have questions about enrolling in FACTS, please contact the business office. You may also contact FACTS directly (866) 441-4637 or view your agreement online through *My FACTS* Account. Instructions to access *My FACTS* will be included in your payment plan confirmation notification. FACTS customer service representatives are available Monday - Thursday, 7:30 am to 7:00 pm (CT), and Friday, 7:30 am to 5:00 pm.

Frequently Asked Questions

1. When and what time will the funds for my payment plan be withdrawn from my bank account? While FACTS transacts each payment on the specified date (5th or 20th), your financial institution determines the time of day the payment is debited. FACTS recommends checking with your financial institution to determine how far in advance funds should be deposited into your account to ensure the automatic payment clears. If a payment date falls on a weekend or banking holiday, the payment will be transacted the following business day.

2. How will I be notified of my payment information? Once your agreement for budgeted tuition payments is posted to the FACTS system, you will receive a confirmation notification of your payment amount by e-mail or letter in approximately 10 days. Payments will be processed until the total balance is paid in full. The notification has important information you must have to log on to your *MyFACTS* Account.

3. What is the FACTS Access Code? To help protect your privacy, FACTS will randomly create an access code for you. If you should inquire online through your *MyFACTS* Account or call FACTS inquiring about your FACTS agreement, you will be required to verify your FACTS Access Code. Your access code will be included in your statement or confirmation notification.

4. What happens if FACTS attempts to process my payment and there needs to be more funds in my account? Should an automatic bank payment be returned, a \$30.00 FACTS Returned Payment Fee will be automatically assessed to your account. This is in addition to any penalty your bank or the school may determine. You will be notified by FACTS of the returned payment via mail or e-mail. For payment scheduled for the 5th of the month, the reattempt will occur on the 20th; for payment scheduled for the 20th, the reattempt will occur on the 5th of the following month.

5. How will I pay other expenses at the school? Consistent with prior years, you will receive a notice from the school for items such as aftercare, cafeteria, book fees, etc.; these payments will be made directly to the school. Some established fees might be included in the total tuition amount and processed with your tuition payment through your FACTS plan.

We Look Forward to Serving You Better!

Trinity Lutheran School looks forward to our partnership with FACTS and the efficiency and technology it brings to our school. Should you have any questions regarding this plan, please contact the business office at (970)867-4931 or FACTS at 866-441-4637.

Little Lambs, Trinity ELC 2024-2025
Student Information for the Master Record

Date _____

Student Name _____
(First) (Middle) (Last)

Date of birth _____ Place of birth _____ Adopted /Foster _____
(Month, Day, Year) (City and State)

Student is living with: ___ Both Parents ___ Father ___ Mother ___ Stepfather
___ Stepmother Other: Name/Relationship _____

Student Physical Address: _____
(Street) (City, State, ZIP Code)

Mailing Address _____
(Street) (City, State, ZIP Code)

Home Phone __ (____) _____

The church where baptized _____ Date of Baptism _____
(Name, City, and State)

(Month, Day, Year)

Families Home Church/ Pupil's Sunday School _____
(Name, City, and State)

List of schools that the student previously attended.

Date	School and Location
_____	_____
_____	_____

Where did you hear about us: ___ Friend ___ Family ___ Computer ___ Advertisement
___ Other _____

T-shirt size: ___ XS ___ S ___ M ___ L

___ Hispanic or Latino ___ Non-Hispanic or Latino Race: ___ White(includes Hispanic or Latino ___ African American ___ Asian ___ Native Hawaiian or other Pacific Islander ___ American Indian or Alaskan Native Gender: _____

Little Lambs, Trinity ELC 2024-2025
Family Contact Information:

(PLEASE PRINT)

Father: Full Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Where employed _____ Address _____

Work Phone _____

Mother: Full Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Where employed _____ Address _____

Work Phone _____

Names of Brothers and Sisters _____ Date of Birth _____

Names of Brothers and Sisters _____ Date of Birth _____

Names of Brothers and Sisters _____ Date of Birth _____

Names of Brothers and Sisters _____ Date of Birth _____

Information such as the monthly calendar and upcoming events will be sent monthly.

Please list below if you would like emergency messages texted to someone other than parents/guardians.

Name & Phone numbers _____

Signature: _____ **Date** _____

Emergency Contact Other Than Parent/Guardian In Case Child Gets Sick or Needs to Be Picked Up.

Student's Full Name _____

IN CASE OF AN EMERGENCY AT SCHOOL:

Emergency Contact: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell Phone: _____ Work Phone _____

Emergency Contact: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell Phone: _____ Work Phone _____

Emergency Contact: _____

Relationship to Student: _____

Address: _____

Phone: _____ Cell Phone: _____ Work Phone _____

School officials have my permission to obtain immediate emergency medical treatment for my child if, in their opinion, this becomes necessary. I will assume any resulting expenses. In the event of a crisis situation that the children are removed from campus, the children will be escorted to Murdoch's, and parents will be notified.

PARENT/ GUARDIAN SIGNATURE OF CONSENT

DATE

Little Lambs, Trinity ELC 2024-2025
Medical & Health Treatment Permission Form

CONFIDENTIAL INFORMATION Will be shared with the appropriate staff.

Student _____ Date of Birth: _____

Does your child have any of the following health problems? Yes/No If yes, please circle and comment below:

ADD/ADHD	Diabetes	Hay Fever	Heart Condition	Speech
Asthma	Ear Infections, frequent	Head Injury/Concussion	Lung/Respiratory	Stomach
Blood Disease	Eating Concerns	Headaches	Prematurity	Ulcer
Bone/Joint	Emotional	Hospitalizations	Seizures	Vision Concerns
Bowel/Bladder	Glasses/Contacts	Hearing Loss	Sleeping Concerns	Weight Concerns

Comments: _____

Other concerns? (Please list) _____

Allergies: Does your child have any significant allergies/sensitivities that you feel school personnel need to know about?

Yes/No If yes, list allergy/sensitivity: _____

How does your child react? _____ How do you treat it? _____

Medications: Does your child take medication? **Yes/No** If yes, for what? _____

Please list name of medication/s and dosage: _____

Will this medication be given at school*? **Yes / No** If yes, what time? _____ **Medication form required.

Child's Medical Home:

Doctors Name: _____ **Address &Phone:** _____

Dentist Name: _____ **Address & Phone:** _____

Health Insurance: Insurance Company: _____ **Medicaid #:** _____

CHP+ _____ **No insurance at this time** _____

Emergency Care Permit: When a child suffers any injury while in school, an immediate and continuing effort will be made to contact the parents. In the case of severe injury or illness, first aid will be rendered. If ambulance service is necessary, parents must assume financial responsibility.

If I cannot be reached by telephone in the event of an emergency involving _____

(Child's name)

I prefer my child to be sent to _____ ST. Elizabeth Hospital, 1000 Lincoln, Ft. Morgan 867-3391
_____ East Morgan County Hospital, 2400 Edison, Brush 842-6200

Daytime phone number: _____

Date

Signature/Printed Name of Parent or Guardian

LITTLE LAMBS, Trinity ELC 2024-2025
Photo, Video, and Name Release Form

During school activities, photographs and video images of students or families of Trinity Lutheran School / Little Lambs, Trinity ELC may be taken. These may be used on the school website, Facebook page, and/or for publicity.

When photographs or video images of students or families are used on the school website, Facebook page, or for publicity purposes, they may be identified by first and last name. Parents/guardians must sign a personal photo and video image release form to display their family member's photos or video images.

Please sign the form below to let us know if we can use your family member's photos or video images to promote school programs should his or her photo be taken.

Thank you!

(Check One)

Yes, I consent to the use of my family members' photos or video images on the Trinity Lutheran School / Little Lambs Website and Facebook page for publicity purposes.

*Little Lambs students will not be named on our social media page.

Limited, I consent to the use of my family member's photo to be used ONLY at the school/ classroom.

No, I do not wish my child's photos or video images to be used by Trinity Lutheran School / Little Lambs in the classroom, for publicity purposes, or on social media.

Student Name(s) _____
(Please Print)

Parent/Guardian Signature _____

Date _____

**LITTLE LAMBS, Trinity ELC 2024-2025
Policies**

Sign-In and Sign-Out:

Every child **MUST** be signed in/out each day at the school. Log in to the attendance program with your unique code to check in/out. You or an adult on your pick-up list, 18 years of age or older, must sign your child out of the program before the child leaves the premises. This is a state requirement and establishes a flow of responsibility.

Late Pick-Up:

Please notify the school immediately if an emergency arises and you will be late picking up your child. A \$25 fee will be assessed if your child is not picked up by 5:30 p.m. An additional \$25 will be charged every 15 minutes after that. All fees must be paid before the next scheduled class time, or your student will not be allowed to return.

If an authorized person has not picked up a child within 5 minutes of the end of the day, a call will be attempted to the parent or guardian. If there is no response, emergency contacts will be called. After all attempts are made and 15 or more minutes have passed, and an authorized person has not picked up the child or contacted the preschool, a call will be made to the Department of Human Services.

I have read and understand the above policies _____
(Parent /Guardian signature)

I have received and read the parent/student handbook _____
(Parent/ Guardian signature)

I give my permission for the use of a cot for full or extended day naps _____
(Parent/ Guardian signature)

I give my permission to the Little Lambs staff that will distribute Rocky Mountain Sun Screen SPF 30 to my child. I also understand that my child will apply sunscreen under the teacher’s supervision. _____
(child’s name) (Parent/Guardian signature)

OR

I will provide an alternative sunscreen and fill out the written authorization for the sunscreen to be applied to my child for sun protection. _____
(Parent/Guardian signature)

Little Lambs, Trinity ELC

Child Physical Report

(Must be completed and signed by a Health Care Professional)

Child's Name _____ Birth Date _____

Health History & Medical Information pertinent to routine child care & emergencies: None _____

Yes, Describe:

Special Diet: _____

Allergies: _____

Type of Reaction: _____

Current Medications: _____

Any problems that would prohibit normal school activities: _____ NO _____ YES

If yes, explain: _____

Weight _____ Height _____

Vision _____ Hearing _____

Please attach a copy of the immunization record:

Health Provider name: _____

Address _____

Phone Number: _____

Physician Signature: _____ Date: _____

**This physical is good for 1 year from the health provider's signature date for continued enrollment in the program.