

**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 2010-2011.

**ENROLLMENT**

Enrollment in Pre-K or 3 year old Preschool requires that the child be 3 or 4 on or before September 30<sup>th</sup>. 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 priority status through **February 26, 2010**; at which time 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 may be paid in full by August 6, 2010 or payments will be made to the FACTS Management Company. **Attached is the rate sheet with the registration fees and tuition payment options.**

**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 first day of school will be Monday, August 23, 2010. The following are the days and times of the classes:

**Pre-Kindergarten**

Monday-Friday 8:00-11:30

**3 year old Preschool**

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

2 Day - Tuesday, Thursday 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! Attached is the rate sheet for the 2010-2011 school year.

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

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## APPLICATION FOR ENROLLMENT

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

Child's name: \_\_\_\_\_  
last first middle

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

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

Church Membership at \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_

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### 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 \_\_\_\_\_

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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:

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**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

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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:

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\_\_\_\_\_  
Signature of physician/nurse

\_\_\_\_\_  
Date

\_\_\_\_\_  
address

\_\_\_\_\_  
Phone number