

Love of Christ Lutheran Church Preschool

Online Registration:

Thank you for considering Love of Christ Lutheran Church Preschool. In this packet you will find all of our registration paperwork that can be filled out electronically via this PDF. Please complete the all the necessary paperwork below.

To fill out the forms electronically please complete the processes below:

**First, download this PDF to your computer or device.
Second, fill in and complete the necessary information and save the form.**

**Lastly, email the completed forms to
sarahmargalis@loclc.org.**

You may also print these forms, fill them out, and bring them into the office yourself. Copies of the registration paperwork will also be available for you to complete in the office. Please reach out to the preschool at (480) 681-0937 or send an email to Sarah Margalis (sarahmargalis@loclc.org) should you have any questions.

Immunization Records:

In addition to all your completed registration documentation and your tuition payment, a copy of your child's current immunization records is required by Love of Christ Lutheran Church Preschool. A legible copy and/or picture that can be printed can be emailed to sarahmargalis@loclc.org. You may also bring in your child's immunization record to the office and a copy will be made there.

2026/2027 FULL DAY PRESCHOOL REGISTRATION FORM

Child's Name: ☐ Boy or ☐ Girl (Check One)

Parent's Names:

Mailing Address: Zip Code:

E-mail Address: Phone:

Child's Birthdate:

Class: **(Check One)** ☐ Preschool ☐ Pre-K

Days attending **(Check One)** ☐ MWF ☐ TTH ☐ M – F

PRESCHOOL

PRE-KINDERGARTEN

Must be 3 yrs. old

4 by September 1st and will

by child's first day of class.

attend kindergarten next fall

Full day preschool tuition depends upon the number of days per week and hours per day required. See the back of this page for a rate schedule.

Please include your registration fee** with this form. (** Enroll by May 1st, registration fee is \$80. Enroll after May 1st, registration fee is \$85) Registration fees are non-refundable. Make checks payable to: LOVE OF CHRIST PRESCHOOL.

RECEIPT

Date _____

Love of Christ Preschool has received \$ _____, cash/check # _____

from: _____

RECEIVED BY _____

Your child will be attending MWF TTH M – F

First Day/Date: _____

FULL DAY PRESCHOOL SCHEDULE AND FEES

To calculate the monthly tuition, select the number of days per week your child will attend and the time span for each day. Add together the amounts in that column.)

	2 DAYS	3 DAYS	5 DAYS
7:30 – 9:00 A.M.	\$ 65.00	\$ 90.00	\$ 150.00
OR			
8:00 – 9:00 A.M.	45.00	60.00	100.00
9:00 – 12:00 P.M.	195.00	235.00	325.00
12:00 P.M. – 2:00 P.M.	115.00	155.00	260.00
2:00 P.M. – 3:00 P.M.	45.00	60.00	100.00
3:00 P.M. – 4:00 P.M.	45.00	60.00	100.00

FULL DAY PRESCHOOL ADMISSION AGREEMENT

The LOVE OF CHRIST PRESCHOOL, 1525 N. Power Road, Mesa, Arizona 85205, Phone (480)681-0937, (hereinafter referred to as the "school"), is a childcare facility operated by the Love of Christ Lutheran Church, a nonprofit corporation. The school is licensed by the Arizona Department of Health Services Day Care Licensing Division, pursuant to sections of the Arizona Administrative Code R9-5-101 through 36-898.

A. BASIC SERVICES

The school shall provide the following basic services for:

(Name of child being enrolled)

(Birth date)

whose parent or guardian is:

(Name of person enrolling child)

(Relationship)

1. Full day school program between _____ a.m. and _____ p.m. for _____ days per week excluding the days the school is closed.
2. The child will have designated times when he/she may eat a nut free snack and nut free lunch provided by the parent.
3. The child must be able to use the toilet independently. Toileting independently means the ability to pull pants up and down, wipe, and wash hands. The child will be given assistance with difficult buttons or zippers. We recommend that you dress your child in clothing that little fingers can handle. If the child is consistently unable to toilet independently, you will be asked to withdraw the child until more control is developed
4. The child will be placed in a group of peers based on age and/or special needs as determined by the staff.
5. The child will be involved in a program of play and learning experiences which are appropriate for the child's age. A balance of active and quiet play is provided for, with individual and group activities which are geared toward the emotional, social, physical, and cognitive individual growth of young children.
6. The school will assume responsibility for the child after the child has been signed-in by a parent, guardian, or designated representative of the child's parent or guardians. The school will retain responsibility until the child is signed-out by a parent, guardian, or designated representative of the child's parents or guardians.
7. No staff member will administer any medication to any child except as required for life saving conditions. To administer lifesaving medication, a parent or guardian must sign a Medical Release form at the time of registration stating what the medication is, the dosage, and when the medication is to be administered. If medication is to be injected, a doctor's authorization note will also be required.

8. The school will give appropriate first aid to a hurt child. A parent or guardian will be contacted if, in the judgment of the school staff, immediate medical attention is necessary. If, in the judgment of the school staff, the injury is of an emergency nature; paramedics will be called to the school and a parent or guardian will be contacted.
9. An ill child will be isolated and given appropriate care until called for by a parent, guardian, or a designated representative.
10. The school will notify the child's parents or guardians of a suspected exposure to a communicable disease.
11. The school will make every effort to safeguard personal belongings brought to preschool by the child, but will not be responsible for lost or broken items.
12. The Director or any staff members will report to Children's Protective Services or the Police Department (or other specified agency as provided by state law) as required by the State Licensing Code R9-5-307 any suspicion of child abuse, sexual or otherwise; neglect; or endangerment of which they may become aware.

B. PAYMENT PROVISIONS

1. In accordance with the statement of fees in the Parent's handbook:
 - a. A non-refundable registration fee will be paid upon enrollment.
 - b. Tuition is paid one month in advance. Tuition fees are due on the 1st of each month and following the 10th of the month, the account is considered delinquent and a **\$30.00** late fee will be charged.
 - c. If the tuition for a month is delinquent by the 1st of the next month and no arrangement is made with the director for payment, the director reserves the right to terminate enrollment.
 - d. If a child is picked up later than 10 minutes after the contracted pick up time, a fee of \$5.00 for every 10 minute interval late will be charged. You may not add your child to extended care to avoid the late charge. No exceptions will be made including phone calls stating you will be delayed picking up your child.
 - e. Love of Christ Preschool follows the Mesa Public Schools' calendar for holidays closed. No credit is given for student absences. Tuition is the same each month.

C. OBLIGATIONS OF PARENTS OR GUARDIANS

1. A parent or guardian will furnish requested medical and emergency contact information within ten days of registration.
2. A parent, guardian, or designated representative of the child's parents or guardians will escort the child to the classroom upon arrival and sign-in on the appropriate register. The parent, guardian, or designated representative will exit the classroom within 10 minutes of signing in the child.

3. A parent, guardian, or designated representative of the child's parents or guardians **must be prepared to show photo ID** prior to signing the child out on the appropriate register and escorting the child from the premises.
4. A parent or guardian will notify the school when someone other than those named on the emergency information card will be come for the child.
5. Parents will provide a healthy, nut free snack and lunch for their child each day of school. The school will provide a snack if the parents forget to send one or the food is unacceptable. The parents will be charged \$1.00 for the school provided snack.
6. The parents or guardians will see that the child is dressed appropriately when brought to school, following the guidelines in the parents' handbook.
7. A parent or guardian will notify the school whenever the child will be absent from school and state the reason for the absence. State law requires a parent or guardian to notify the school immediately if the child has a communicable disease.
8. The child cannot attend preschool if he/she has a fever of greater than 99 degrees without taking any fever reducing medication, a rash, diarrhea, vomiting, sore throat, inflammation, eye infection, head lice or heavy nasal discharge. The child must be completely symptom free a full 24 hours before returning to school.
9. The parents or guardians will abide by the parking rules of Love of Christ Lutheran Church. While operating a motor vehicle in the parking lots of Love of Christ Lutheran Church, a driver will not exceed 15 MPH.
10. The parents or guardians will respect the religious nature of our program.
11. The parents or guardians will refrain from reprimanding children of other families while on the campus of Love of Christ Lutheran Church and Preschool. Any conflicts arising between parents will not be brought onto the campus of Love of Christ Lutheran Church and Preschool
12. The parents or guardians will come to school for conferences when asked to do so by a member of the school staff.
13. The parents or guardians will give the director a two- week notice before withdrawing the child from school. Failure to give such notice will result in a two-week tuition charge being added to the account.

D. TERMINATION OF THE AGREEMENT

This agreement will be terminated if any one or more of the following occur:

1. The 9 month school year and/or summer program has come to an end.
2. Death of the child.
3. Serious illness of the child, preventing school attendance.
4. The parents or guardians of the child allow their account to become delinquent.
5. Failure of the parents or guardians to honor the obligations listed in this Agreement or in any rules, regulations, or manuals provided by the school.
6. The school in its sole and unfettered discretion determines that it is unable to meet the needs of the child without hiring additional staff.

7. Failure of the child's parents or guardians to cooperate with the school which the school determines in its sole and unfettered discretion is serious enough to warrant termination.

PROCEDURE:

In exercising its discretion under 5, 6, and 7 above, the school may require the child's parents or guardians to attend conferences with school personnel regarding the matters that potentially warrant termination of the Agreement. The child's parents or guardians may request a conference with the school personnel regarding the matters that potentially warrant termination, but the school is under no obligation to grant any such request.

The school's Director or staff will have the sole right and responsibility to determine any disputed factual matters regarding termination of this Agreement.

E. MODIFICATION CLAUSE

This Agreement may be modified whenever any of the circumstances covered by this Agreement change. Such modifications may only be made in writing, and must be signed and dated by the parties involved in order to be binding and effective. Oral modifications are not binding under this Agreement and shall not be enforceable under any condition.

F. OTHER

This Agreement provides that:

The parties to this Agreement are aware of the Arizona Department of Health Services right to interview the child and the school staff, and to inspect and audit all records maintained by the school, without securing the prior consent of anyone. The parties are also aware of the licensing agency's right to observe the physical condition of the child, including conditions indicating abuse or neglect, and to have a licensed medical professional physically examine the child.

SIGNATURES TO AGREEMENT

For services listed in this Agreement, and in accordance with the terms of this Agreement, I agree to pay LOVE OF CHRIST PRESCHOOL the monthly sum of: Tuition _____

Less: Discount _____

Total _____

I agree to cooperate with the general policies of the school, to perform the obligations of parents or guardians set forth in this Agreement, and to abide by the rules, regulations, and manuals provided by the school. My signature below indicates that I have read the terms of this Agreement and that I have read the rules, regulations, and manuals provided by the school. It further indicates that I have had this material explained to me and all of my questions answered.

Parent or Guardian _____

Dated: _____

Director _____

Dated: _____

Schedule Change as of: _____

New Schedule: _____

Monthly Tuition: _____

Parent Signature: _____

Schedule Change as of: _____

New Schedule: _____

Monthly Tuition: _____

Parent Signature: _____

Schedule Change as of: _____

New Schedule: _____

Monthly Tuition: _____

Parent Signature: _____

Schedule Change as of: _____

New Schedule: _____

Monthly Tuition: _____

Parent Signature: _____

STATEMENT OF WORK

The purpose of this Statement of Work is to define the scope, objectives, and deliverables of the project. It serves as a contract between the client and the service provider.

1.1 Project Overview

The project aims to develop a new software application that will streamline the workflow of the organization.

1.2 Objectives

The primary objectives of this project are to increase efficiency, reduce errors, and improve communication within the team. The project will be completed within a timeline of 12 weeks, with a budget of \$50,000. The final deliverable will be a fully functional software application that meets the requirements of the client.

1.3 Scope

2.0 Project Management

2.1 Roles and Responsibilities

2.2 Communication Plan

2.3 Risk Management

2.4 Quality Assurance

2.5 Change Management

2.6 Reporting

2.7 Project Closure

2.8 Final Review

2.9 Sign-off

2.10 Appendix

Dear Parents,

As per Arizona Department of Health Services, the regularly scheduled visits to the sanctuary or Center of Compassion for chapel time; tending the community garden; indoor recess; special events; or program rehearsals are considered field trips. Please read the following permission slip. If you want your child to participate in these scheduled activities, sign the permission slip and return it to Love of Christ Preschool within ten days of the date you registered your child.

PERMISSION SLIP

Yes, my child _____ has my permission to participate in any
(child's name)
preschool activity occurring on the campus of Love of Christ Lutheran Church
during my child's scheduled preschool time.

(parent's name)

LATE PICK UP POLICY

If a child is picked up later than 10 minutes after the contracted pick up time, Love of Christ Preschool's late pick up policy is you will be charged a fee of \$5.00 for every 10 minutes you are late. This fee will be charged regardless of the reason for the late pick up. The fee will be due within 7 days.

Child's name

Parent's name

TUITION REFUND POLICY

I understand that should Love of Christ Preschool close due to Covid-19 or any other circumstance, the Love of Christ Lutheran Church Board will determine at that time whether any, partial or full refund of pre-paid tuition will be made.

CHILD'S NAME

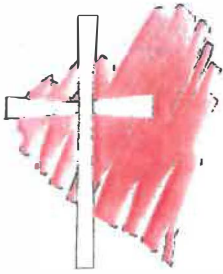
PARENT'S NAME



FOR EXTENDED CARE STUDENTS

If your child is contracted to come to preschool **before 9:00AM, bring your child to room #7.**

To pick up your child after 1:30PM, come to room #7



LOVE OF CHRIST PRESCHOOL

Fax 480 832-2583 Office 480 981-6199

1525 North Power Road, Mesa AZ 85205

Re: Love of Christ Preschool's Medication Policy

Dear Parents,

Liability issues have made it necessary to amend Love of Christ Preschool's policy on administering medication to our students. Effective immediately, the staff of Love of Christ Preschool will only administer prescription medications required to prevent a life threatening situation. We will not administer any other prescription or non-prescription medications. Please do not place non-prescription or prescription medication in your child's backpack.

If your child requires a medication, such as an antibiotic or decongestant, ask your doctor to prescribe or recommend a long lasting medication so no dose will be required during the time your child is at Love of Christ Preschool, or a parent or authorized adult may come to the school with the medication and administer a dose to the child.

To indicate that you have read and understand this amended medication policy, please sign, date and return this letter to the preschool within 10 days of the date you registered your child.

Thank you for understanding. If you have any further questions, please feel free to contact me.

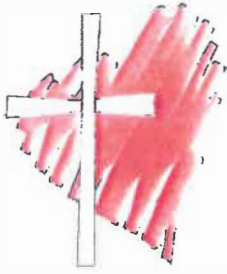
Sincerely,

Sarah Margalis
Director

child's name

parent's signature

date



LOVE OF CHRIST PRESCHOOL

Fax 480 832-2583 Office 480 981-6199

1525 North Power Road, Mesa AZ 85205

Parent's Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Love of Christ Preschool has put in place preventative measures to reduce the spread of COVID-19. However, Love of Christ Preschool cannot guarantee that you or your child will not become infected COVID-19. Further, attending Love of Christ Preschool could increase your risk and your child's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending Love of Christ Preschool and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed or infected by COVID-19 at Love of Christ Preschool may result from actions, omissions, or negligence of myself and others, including, but not limited to, Love of Christ Preschool employees and preschool students and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility, and for any injury to my child or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child may experience or incur in connection with my child's attendance and participating at Love of Christ Preschool. On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Love of Christ Preschool, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or related thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Love of Christ Preschool its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Love of Christ Preschool program.

Child's name

Parent's name

Date



CDC/SGH# or name: _____

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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***A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
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The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

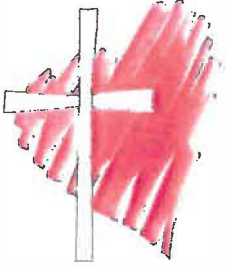
Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information: If question is not applicable, please select box "No" and fill in required field with "N/A".

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



LOVE OF CHRIST PRESCHOOL

Fax 480 832-2583 Office 480 981-6199

1525 North Power Road, Mesa AZ 85205

Parent Verification Form to Attend Love of Christ Preschool

By signing my child into Love of Christ Preschool, I certify that I will not send my child to preschool if my child is experiencing COVID-19 like symptoms: cough, shortness of breath or difficulty breathing, fever, chills, muscle aches, sore throat, loss of taste or smell, nausea, vomiting, or diarrhea. I understand that if my child has any of these symptoms, my child must stay home until symptom free for 72 hours without fever reducing medication or I present a doctor's note stating that my child may return to preschool. Also, if a family member or a person with whom my child has contact with has been exposed to or tested positive for Covid-19, my child will stay home 14 days from day of exposure or I will provide proof of a negative Covid-19 test.

I understand that Love of Christ Preschool is relying on my honesty to maintain the health and safety of all preschool parents, staff and families.

Child's name

Parent's signature

Date



NOTICE ABOUT PHOTOGRAPHS

It is possible that during the school year, your child may be photographed. Love of Christ Preschool will take steps to ensure that these images are used solely for the purposes they are intended for, which is the promotion and celebration of the ministry of Love of Christ Preschool.

To parent or guardian, please sign and return this form to the preschool to indicate that you received this notice and understand our policy.

child's name

parent or guardian

date

