



Loving Arms Child Care Center
1241 North Ridge Road
Wichita, Kansas 67212
(316) 722-1912

Information and Application for Enrollment

Loving Arms Kindergarten

Information

We are delighted that you are pursuing enrollment of your child[ren] at Loving Arms.

We believe that we provide high-quality Christian education for each of our students.

Loving Arms Child Care Center is a **Christian** school. We teach and believe that Jesus is the true Son of God and this world's only Savior from sin. We rejoice with all who believe that they are saved eternally **by faith alone** in Jesus as their Savior. We seek to **love others** as Jesus did and to share his gospel with all who wish to hear it. We seek to **follow God's Word** both in our teachings and in our lives.

- A non-refundable enrollment fee of \$175 is due at the time of enrollment. If a student completes the school year with Loving Arms, the enrollment fee will be applied towards the last week's tuition.
- If no spot is available at the time of form completion, your enrollment fee will be refunded. Your child will be placed on a prioritized wait list, and if a spot opens up, you will be notified, giving you the opportunity to enroll your child at that time.
- This form may be printed, filled out, and mailed with a check to:
Loving Arms Child Care Center
ATTN: Kindergarten
1241 N. Ridge Road
Wichita, KS 67212
- Payment may be made with a major credit card. Using this option, you may mail the form, fax the form, or e-mail the form. E-mailed forms may be sent to Amber Holmes at kindergarten@lacccks.com or to the office at office@lacccks.com. Faxed forms may be sent to 316-722-3117.
- Any questions may be directed to Deb Rockhoff, Director, Loving Arms Child Care Center; Amber Holmes, Kindergarten teacher, Loving Arms Child Care Center; or Rev. Jonathan Rockhoff, Pastor, Messiah Lutheran Church. Our phone number is 316-722-1912



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Enrollment Procedure

Once you have completed the application for enrollment below, we will schedule a tour of our center and an interview with the parent/guardian and the student[s].

Complete copies of all academic and behavioral records need to be forwarded to Loving Arms at this point before enrollment is considered.

All new enrollments are probationary in nature for the period of one semester.

The School Board of Messiah Lutheran Church makes the final decision regarding enrollment.

All students enrolling at Loving Arms Child Care Center must fill out a registration form and show evidence of meeting the Kansas state immunization requirements.

Non-discriminatory Policy – Loving Arms, a part of Messiah Lutheran Church, 1241 N Ridge Rd., Wichita, KS 67212, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the center. It does not discriminate on the basis of race, color, national or ethnic origin, sex, age, or handicapping condition in the administration of its educational policies, admissions policies, personnel practices, and other center-administered programs.

By enrolling your child[ren] at our center you promise to:

- Follow the policies and guidelines as presented in the Policy and Procedure Handbook.
- Make timely tuition payments on a mutually agreed-upon schedule.
- Support our center and its staff.

We look forward to having you join us and working together to provide a quality, Christian education for your child[ren].

*Jacob McCulloch, President
The School Board of Loving Arms*

Loving Arms Kindergarten Application Form

Check here if you wish to use this form only to express interest, and not to enroll your child.

(If this box is checked, no fee is required.)

Today's Date:

Child's Last Name: First: Middle Initial:

Child's DOB (MM/DD/YYYY):

Please answer the following questions:

What pre-school or child care center has your child previously attended, if any?

What is the reason for leaving your child(ren)'s previous school?

Loving Arms has limited special education available. Does your child have any special learning needs? No Yes

If yes, please explain:

Parent or Guardian's Name:

Address:

City: State: Zip:

Home Phone: Work Phone:

Cell Phone:

E-mail:

Parent or Guardian's Name:

Address:

City:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

E-mail:

Do you currently have a church affiliation? Yes No

If yes, where?

Payment Method:

Enclosed Check Credit Card

Name on Credit Card:

Type of Card:

Credit Card Number:

Exp:

CVS:

- Please take a moment to assist us! How did you hear about our new Kindergarten?

Parent or Guardians Signature

Date and Time

Parent or Guardians Signature

Date and Time

Office Use only

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Application Received

Application Fee Received

Priority Number

Reminder: You may want to print a copy of this page for your records.