PALM VALLEY LUTHERAN CHURCH PRESCHOOL

2500 E. Palm Valley Blvd
Round Rock, TX 78665
https://www.pvlc.org/preschool

512-388-5054
preschool@pvlc.org

APPLICATION FOR ADMISSION
2026-2027

GENERAL INFORMATION:

Child's Name: _____
Last **First** **Middle**

Birth Date: _____ Program(3 Days /5 Days):_____ Male☐ Female☐

Street Address: _____

City, State, and Zip: _____

Primary phone: (_____)_____

****Please check the PRIMARY person who will receive calls and email correspondence****

☐ Mother's Information

Name:_____
Employer:_____
Job Title: _____
Work phone:_____
Cell phone: _____
Email: _____
Address:_____
(if different)

☐ Father's Information

Name:_____
Employer:_____
Job Title: _____
Work phone:_____
Cell phone: _____
Email: _____
Address:_____
(if different)

Primary Caretaker (if different than mother or father): _____

Phone Number: _____

SIBLING INFORMATION

Name: _____ DOB: _____ Sex_____
School Attending_____ School's Phone:_____

Name: _____ DOB: _____ Sex_____
School Attending_____ School's Phone:_____

Date of enrollment _____ *Date of withdrawal* _____

EMERGENCY CONTACTS

*The following people may be contacted in case of emergency **AND** are authorized to pick up and care for my child if parents are not available (complete address required):*

_____
(**parent initials)**

MANDATORY:

Name:_____ Relationship:_____

Address:_____

City, State, Zip _____Phone:_____

Optional:

Name:_____ Relationship:_____

Address:_____

City, State, Zip: _____Phone:_____

RELEASE OF CHILD

When my child is brought to this facility, he/she will be left with a staff member and released only to the parents or emergency contact person(s) named above.

Parent Signature:_____ Date:_____

STUDENT INFORMATION

Reason for attending preschool: _____
Has your child had any previous preschool experience? yes ☐ no ☐

If yes, where? _____ when? _____

Is your child potty trained? yes ☐ no ☐
Words used to refer to elimination _____

Please use the space below to provide any comments that might help your child's teacher. Please remember that you may come to your child's teacher at any time with suggestions or questions:

_____

_____

Church which you normally attend: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I, or the individuals previously identified, cannot be reached to make arrangements for emergency medical care, I hereby authorize the staff of Palm Valley Lutheran Cooperative Preschool to take my child to:

Physician:_____

Address:_____

City, State, Zip _____Phone:_____

Hospital or Emergency Care Facility:_____

Address:_____

City, State, Zip: _____Phone:_____

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

Parent Signature:_____ Date:_____

MEDICAL NEEDS

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries, and hospitalization during the last 12 mos, any medication prescribed for long-term continuous use, and any other information the school should be aware of (**N/A for none**):

_____

_____

_____

_____

_____

Does your child have **diagnosed** food allergies? Yes☐ No☐

If yes, please attach copy of allergy plan signed by parents and physician. Rescue medication, unexpired and in its original container, must be provided to the Preschool Office. Plan submitted on_____

Parent Signature:_____ Date:_____

HEALTH STATEMENT

For admission, one of the following must be presented before your child can attend PVLCP.

☐ Health Care Professional's Statement: I have examined the above-named child within the past year and find that he or she is able to take part in preschool.

Physician Signature:_____ Date_____

OR

☐ I will provide a signed and dated copy of a health care professional's statement prior to school starting.

IMMUNIZATION RECORDS

☐ I have attached a signed or stamped current immunization record or will provide one prior to the start of the school year. If my child receives additional immunizations during the school year, I will bring an updated copy to the office.

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm

OR

REQUIREMENTS FOR EXCLUSION

☐ I have attached a signed and dated affidavit stating that I decline immunizations for the reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

HEARING AND VISION SCREENING

*Any child who is **4 years old** as of September 1st of the current school year is required by the State of Texas to have a hearing and vision screening.*

☐ Below are the results of my child's hearing and vision screening, or I have attached a detailed copy of the results from our medical provider.

Right Eye 20/ _____ Left Eye 20/ _____ Pass _____ Fail _____

Physician Signature: _____ Date:_____

Hearing	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				Pass_____ Fail_____
Left				Pass_____ Fail_____

Physician Signature: _____ Date:_____

OR

REQUIREMENTS FOR EXCLUSION

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent member of.

PERMISSION TO PARTICIPATE IN ACTIVITIES

My child, _____ has permission to participate in the following activities at Palm Valley Lutheran Cooperative Preschool:

- give permission for water play (such as sprinklers, water tables, etc.) including on Splash Day (Spring). In the event of bad weather, splash day may be rescheduled for an alternate date.

  I do _____ ☐ I do not _____ ☐

- give permission for photographs of my child participating in preschool activities to be posted on social media (PVLCP Facebook, Twitter, Instagram page), PVLCP Website, Palm Valley Lutheran Church Newsletter and used for marketing materials.

  I do _____ ☐ I do not _____ ☐

- give permission for my child's teacher to utilize a daily correspondence app as a secure communication tool between teacher and parents. I understand photos of my child shared on this app will only be viewed by other parents within the class. I understand images uploaded are for personal use and will not share those images on other social media platforms.

  I do _____ ☐ I do not _____ ☐

POLICIES

Please **initial** by each statement acknowledging that you have read and understand these policies.

_____ I understand that school begins at 9:00 a.m. and that I may bring my child to class no earlier than 9:00 a.m. I understand I provide my child's snacks and meals each school day.

_____ I understand that medical documents, including the immunization record, health statement, and hearing/vision screening need to be turned in to the office when they are due. Failure to do say may lead to my child not being able to attend until they are turned in.

_____ **I understand that I am to pick up my child promptly at 2:00 p.m. There will be an overtime charge of $25.00 if my child is at preschool past 2:05 p.m., and an additional $1.00 per minute after 2:15 p.m. I understand that I am to call the preschool office if I am going to be late picking up my child.**

I certify that all information provided in this packet is correct.

_____ _____

Parent Signature Date

Palm Valley Lutheran Preschool

Joyful Learning & Faithful Beginnings

2026–2027 Tuition & Fee Schedule

Program Option	Annual Tuition	Monthly Installment
Three-Day Program (Tuesday–Wednesday–Thursday)	$4,000	$400 per month (August–May)
Five-Day Program (Monday–Friday)	$6,000	$600 per month (August–May)

Tuition Structure

Tuition is set annually based on the academic school year and number of days in session. Annual tuition is divided into 10 equal monthly installments.

Tuition Payments

Tuition is billed on the 1st of each month and due by the 3rd, August through May. Receipt of the August payment confirms and secures your child’s placement for the school year.

Additional Fees

Registration / Supply Fee: $200 per child (non-refundable)

NSF (Returned Check) Fee: $30

Enrollment & Contact Information

preschool@pvlc.org | 512-388-5054

Tuition reflects the 2026–2027 academic school year. Rates for mid-year enrollment will be calculated accordingly.