

**OUR SAVIOR LUTHERAN PRE-SCHOOL AND
EARLY CHILDHOOD CENTER
ENROLLMENT INFORMATION**

SCHOOL YEAR 2019-2020

(Infants – PreK)

Child's Name: _____ Date of Birth or Due Date _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____

Mother's Cell Phone Number: _____ Mother's Email: _____

Father's Name: _____

Father's Cell Phone Number: _____ Father's Email: _____

If divorced or separated, which parent has custody? ()N/A ()Mother ()Father ()Both

Does the non-custodial parent have permission to pick your child up? ()N/A ()Yes ()No

If divorced or separated, which parent is responsible for tuition?()N/A ()Mother ()Father ()Both

Code Word for Enrollment ID card: _____

(One or two words that the family or authorized persons know to pick your child up; a pet name, nick name, etc.)

**PERSONS OTHER THAN PARENTS AUTHORIZED TO TAKE YOUR CHILD FROM
THE SCHOOL**

1) Name _____ Relationship to child: _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

2) Name _____ Relationship to child: _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

(Please list additional names and numbers on separate paper if necessary)

EMERGENCY CONTACT other than parents or doctors (write SAME if already listed above)

1) Name _____ Relationship to child: _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact (con't.)

2) Name _____ Relationship to child: _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____

CHILD'S PERSONAL HISTORY

Name of Sibling _____ Age: _____ Grade: _____

Name of Sibling _____ Age: _____ Grade: _____

Name of Sibling _____ Age: _____ Grade: _____

Child's Race/Ethnic Origin _____ Child's Home Language _____

Does your child have an IEP, IPSC, or IFSP? ____ If so, please provide a copy to help us meet your child's needs.

Besides immediate family, are there any other relatives or persons living with your child? _____

Name(s): _____ Relationship to child: _____

How did you hear about our Pre-School? _____

Has your child been baptized? ()Yes ()No If yes, baptism date: _____

Name of church that family attends: _____ City: _____

Name of school district you reside in: _____

Please list any medical concerns we should be aware of: _____

Please list any known allergies: _____

What action should be taken if there is an allergic reaction to this at school? _____

Please list any fears we should be aware of: _____

Please list any special diapering/toileting instructions: _____

What type of discipline is used at home? _____

Please list some of your child's favorite activities: _____

Please list any additional information you would like us to know about your child: _____

Infants/Toddlers

Please list your child's anticipated start date _____

Please circle the program you want your child to be enrolled in and list approximate drop-off/pick-up times.

Full Day, Year Round <i>2 days/week</i>	Tuesday	Thursday
Infants/Ones Hours 7:00 am – 6:00 pm.		
Approximate Drop-Off/Pick-Up Times	-	-

Full Day, Year Round <i>3 days/week</i>	Monday	Wednesday	Friday
Infants/Ones Hours 7:00 am – 6:00 pm.			
Approximate Drop-Off/Pick-Up Times	-	-	-

Full Day, Year Round <i>5 days/week</i>	Monday	Tuesday	Wednesday	Thursday	Friday
Infants/Ones Hours 7:00 am – 6:00 pm.					
Approximate Drop-Off/Pick-Up Times	-	-	-	-	-

*Days enrolled may not be changed without approval from the Pre-School Director.

Tuition Schedule

Full Day Infants (6 weeks-12 months)

2 Days = \$133 per week

3 Days = \$197 per week

5 Days = \$257 per week

Family to provide diapers, wipes, bottles, formula/breastmilk, and baby food.

Full Day One Year Olds (12 months-24 months)

2 days = \$133 per week

3 days = \$197 per week

5 days = \$257 per week

Family to provide diapers and wipes.

All full day tuition includes a hot lunch and two snacks daily.

Pre-schoolers

Please list your child's anticipated start date _____

Please circle the program you want your child to be enrolled in and check the days needed:

Full Day, Year Round Giraffes, Monkeys, Lions, or Cardinals (circle one) Hours 7:00 am – 6:00 pm.	Monday	Tuesday	Wednesday	Thursday	Friday
Approximate Drop-Off/Pick-Up Times	-	-	-	-	-

Part Day, August-May Cardinals 8:15am – 11:45 am	Monday	Tuesday	Wednesday	Thursday	Friday
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*Days enrolled may not be changed without approval from the Pre-School Director.

Tuition Schedule

Full Day Giraffes (2's – Early 3's): Family to provide Pull-Ups and wipes

Full Day Monkeys or Cardinals with child wearing Pull-Ups

2 Days = \$101 per week

3 Days = \$138 per week

4 Days = \$171 per week

5 Days = \$199 per week

All full day tuition includes a hot lunch and two snacks daily.

Full Day Monkeys (3's – Early 4's)

Full Day Lions (4's – Pre-K)

Full Day Cardinals (3's, 4's, and 5's)

2 days = \$ 96 per week

3 days = \$132 per week

4 days = \$166 per week

5 days = \$194 per week

All full day tuition includes a hot lunch and two snacks daily.

Part Day Cardinals (Combined 3's, 4's and 5's) (must be 3 by July 31)

2 days = \$ 51 per week

3 days = \$ 77 per week

4 days = \$102 per week

5 days = \$128 per week

Part day tuition includes one snack daily.

FAMILY AGREEMENT FORM

1. I agree to pay the annual, non-refundable \$100 enrollment fee per family at the time of registration to reserve a space in the class. There is no separate enrollment fee for children attending the summer session. I will pay this by cash/check payable to Our Savior Lutheran Church.
2. I agree to enroll in the FACTS online tuition payment service prior to my child(ren) first day of attendance. I agree I will have a separate FACTS plan for the school year and a separate FACTS plan for the summer.
3. I agree to pay the \$75 school year activity fee/equipment fee per child within the first month of the new session. There is an additional \$50 activity fee/equipment fee per child if the family is attending the summer session. This will be due within the first month of the summer session. These activity fees will be paid via FACTS online tuition payment service.
4. I understand if I have 2 or more children enrolled at the same time, the child with the lower tuition rate will receive a 10% discount.
5. I will accept 2 key fobs for pre-school access and agree to return 2 key fobs when my child(ren) exits the pre-school program.
6. I agree to pay a \$25 fee to replace a lost key fob for pre-school access.
7. I agree to pay the scheduled tuition that I have indicated on this form.
8. I understand that there will be a \$25 late fee for past due accounts.
9. I understand that I will be charged \$25 for any returned checks.
10. I understand that my child will not be accepted for care if tuition payments fall behind by two weeks.
11. I understand that my child will not be accepted for care if he/she is ill, and I will pick my child up promptly if he/she becomes ill at school and cannot return to school until he/she is 24 hours symptom free.
12. I understand the pre-school hours are 8:15 am-11:45am for part day and 7:00 am-6:00 pm for full day and will be respectful of these times.
13. I agree to abide by the policies and procedures set forth in the Early Childhood Parent Handbook. I may request this handbook at any time.

I ()DO ()DO NOT give consent for the preschool to include pictures of my child that may be used for class projects, Class DoJo, Facebook, or power point presentations during the year. Photos will be downloaded and we ask parents to not list any child's name when commenting. An example of a comment to avoid is: "Sally loves playing with her friend Max". An example of a safe comment might be: "My child has so many friends in pre-school!" or "Wow, she really is having fun playing in those bubbles". *There will not be any personal identification of any student by name.

Parent Signature(s): _____ Date: _____

Parent Signature(s): _____ Date: _____

Form to be retained for one year after discharge.

Updated 1/15/19