

OUR SAVIOR LUTHERAN PRESCHOOL 2022-2023 ENROLLMENT PROCEDURES

Statement of Purpose

Preschool is an important first step in creating a foundation for future growth and development. Our Savior Lutheran Preschool has a dual purpose and aim:

First, to teach each child that God loves them. This is done by providing a Christian curriculum and atmosphere that encourages a close relationship with Jesus, our Savior; and to teach the child that he/she is special just the way they are.

Secondly, to provide quality first school experiences and growth opportunities by creating a nurturing and creative environment for the child.



Fees	Three Year Old Class Meets T/Th 9:15-11:30am	Pre-Kindergarten AM Class Meets M/W/F 9:15-11:45am
Registration	\$100.00 (non-refundable) **	\$100.00 (non-refundable) **
Supplies Due by August 1. Includes all supplies normally needed - crayons, scissors, paper goods, take-home curriculum, etc. This also includes an emergency kit.	\$125.00 per year	\$150.00 per year
Tuition Due on the 1st of each month September-May	\$1350.00 year (\$150.00/month for 9 months)	\$2225.00 year (\$250.00/month for 9 months)
Requirements	Three years of age on or before July 31. Must be toilet trained. <i>Children with birthdays prior to July 31 may be asked to interview prior to school to assess readiness.</i>	Four years of age on or before August 31.

****All completed enrollment forms must be accompanied by the registration fee to guarantee a position.**

You may choose one of the following payment options:

1. 9 monthly payments, beginning September: **3 year old** \$150.00/month **PreK AM (3 day)** \$250.00/month
2. Pay in full by September 1 and receive a 2% discount on tuition portion ONLY.

Please note:

- **Tuition payment** does not fluctuate with holiday seasons, student absenteeism, or emergency school closures.
- **Monthly Payments** are due by the first of each month. Accounts are considered past due on the tenth of the month and will be assessed a \$15 late fee at that time. Payments should be turned into the Main Office.
- **Payments can be made by Cash, check, or ACH (online banking through your bank) only. If using ACH, please note your child's name and "Preschool" in the memo. Questions regarding payments: email Nora@oslc.com.**
- **Sibling discount** - There is a 10% discount (on tuition only) for the second child enrolled at OSLC Preschool at the same time, in the same school year.
- **School year:** September 2022 through May 2023.

Registration opens February 14 to public (February 7 for current families).

Paperwork must be completed in full and returned with registration fee in order to insure a spot in a class.

Our Savior Lutheran Preschool does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarships, or any other school-administered program.

Our Savior Lutheran Church Preschool
Phone: (253) 531-2112 // Fax: (253) 531-2997 // www.oslc.com // email: lissa@oslc.com
Mailing address: 11012 Canyon Rd E, Ste. 8, PMB 397, Puyallup, WA 98373
Street Address: 4519 112th St E, Tacoma, WA 98446

OUR SAVIOR LUTHERAN CHURCH
4519 112th Street East
Tacoma, WA 98446
(253) 531-2112
REGISTRATION FORM 2022-23



OSLC PRESCHOOL

Class Choice
3 yr old (T/Th) ☐
AM Pre K (M/W/F) ☐

STUDENT INFORMATION

Date:

Child's Full Name

Name to be used in school M ____ F ____

Birthdate (month/day/year)

Place of Birth (City & State)

Home Address

Home Phone

Emergency Phone

City

Zip

Primary Email Address

FATHER'S INFORMATION

MOTHER'S INFORMATION

Father's Name

Mother's Name

Father's Home Address

Mother's Home Address

Home Phone

Cell Phone

Home Phone

Cell Phone

Father's Occupation

Mother's Occupation

Employer Name/Work Phone

Employer Name/Work Phone

Father's Email

Mother's Email

Current Marital Status of Child's Parents:

____ Married ____ Single ____ Divorced ____ Widowed ____ Separated ____ Living Together

Other Children in the family (names, ages, grade in school)

Home Church Name

Pastor's Name

Is your child baptized? Y ____ N ____

Where does child attend Sunday School? _____

Please Circle One

Left Hand Oriented or **Right Hand** Oriented

Ethnic Background

Caucasian ____

Hispanic ____

Native American ____

Asian ____

African American ____

Other ____

Bill to Party: WE INVOICE BY EMAIL

Name

Email for Billing

For Office Use Only

Date Received Registration _____
Registration Fee (amt/check #) _____
Supply Fee (amt/check#) _____
Immunization (forms complete) _____
Missing Forms _____

Tuition Payment Options
Monthly _____
Yearly _____
Semi-Yearly _____
Notes _____

Discounts
2nd child _____
Scholarship _____
Note _____

OUR SAVIOR LUTHERAN PRESCHOOL
PICK-UP LIST
2022-2023

Your child will only be released to a parent or to those authorized in writing by their parents. For protection of your child, identification will be required as necessary.

Name	Relation	Phone
------	----------	-------

Name	Relation	Phone
------	----------	-------

Name	Relation	Phone
------	----------	-------

Name	Relation	Phone
------	----------	-------

Name	Relation	Phone
------	----------	-------

If you have a **Day-Care Provider** transporting your child to/from preschool on a regular basis, please include their name, and contact phone number below.

Name & Relationship	Phone
---------------------	-------

Additional Information

Custody Information (Please note name, address, and phone number, special instructions if applicable.)

Permission to pick-up? Yes_____ No_____

Signed_____Date_____

*****PLEASE ADVISE THE PRESCHOOL DIRECTOR OF ANY CHANGES TO THIS FORM*****

OUR SAVIOR LUTHERAN PRESCHOOL
HEALTH INFORMATION
2022-2023

Child's Name_____

Child's food, drug, other allergies (Please be specific)

My child has the following health needs the school should be aware of
(seizures, ADD, asthma, learning disabilities, etc.)

If my child becomes ill or has an accident and I cannot be reached, I,
_____ give my permission for Our Savior
Lutheran Preschool to seek emergency type medical attention for my child,
_____.

If necessary I authorize emergency treatment by any licensed physician or
hospital.

Preferred Hospital_____

Family Doctor_____Phone_____

Address_____

Health Insurance Carrier_____ Policy #_____

In the event that we are unable to reach you, in case of illness or emergency,
please indicate your primary emergency contact choice other than a parent.

Name Address Phone

This is effective for the 2022-2023 school year (Sept 1 - May 31)

Parent or Guardian's Signature Date

OUR SAVIOR LUTHERAN PRESCHOOL
General Questions
2022-2023



1. By whom was our Preschool program recommended?

2. What do you feel will be the advantage of your child attending a Christian Preschool?

3. Is your child able to be in a new or different situation without any undue show of fear?

4. Do you celebrate birthdays in your home? If not, please explain _____

5. Can your child take care of his/her toilet needs? _____
6. Has your child attended Preschool: __Yes __No
If yes, where _____ How long _____
7. What do you expect your child to acquire through the preschool experience?

8. Has there been a divorce, death, illness, or other event in the family which might affect your child? If so, please explain.

9. What else would you like your child's teacher to know about your child?

OUR SAVIOR LUTHERAN PRESCHOOL
Parent Permission for Field Trips
(PRE-K CLASS ONLY)



It is the parents/guardians responsibility to transport their child to and from the field trip location. This includes any arrangement that may be made between parents. Teachers cannot drive your children.

- We ask that **ONE** parent/guardian stay with their child during the duration of the field trip. Parents will be assigned to their own child, and possibly other children if needed.
- Any parent/guardian that feels they would be attending any of the 2022-23 field trips **MUST fill out a National Background Check Consent form PRIOR TO OUR FIRST TRIP.** Any one dropping a child off at a field trip that does NOT have a background check on file with OSLC (ie: Grandparents, friends/family etc.) will have to drop off and pick up child and cannot attend with their child.

I have read and understand, and agree to the field trip policy of Our Savior Lutheran Preschool. I give permission for my child _____ to participate in activities and/or field trips with Our Savior Lutheran Preschool.

I have provided Our Savior Lutheran Preschool with health and emergency information for my child.

With this signed agreement, I/we (legal parent/guardian(s)) of _____ absolve the teacher(s), Our Savior Lutheran Preschool, and any of it's governing boards of any responsibility for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called responsible care for children in the custody of school personnel and subject to their clear instructions, and assume personally and exclusively all responsibility for accident, injury, which may occur to the above named child.

If a dispute over this agreement or any claim on damages arises, the Participant (or parent/guardian) agrees to resolve matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Preschool/Church cannot agree upon such a process, the dispute will be submitted to a three member arbitration panel for resolution pursuant to the ruled of the American Arbitration Association.

Parent/Guardian Signature & Printed Name

Date

Parent/Guardian Signature & Printed Name

Date

Our Savior Lutheran Preschool

Permission Form

PHOTO RELEASE STATEMENT

I authorize the use of media in the form of still photography, audio and video for activities involving my child during events and activities conducted by Our Savior Lutheran Preschool. Such media shall be used via, but is not limited to, our church website (www.oslc.com), newsletters & mailings, brochures, church services & activities and bulletin boards, instagram, facebook or other social media. No names will be included.

_____ YES

_____ NO

Child's Name

Parent or Guardian (Signature)

Date