



Our Savior Lutheran Preschool Registration Forms for 2024-2025



Statement of Purpose

Preschool is an important first step in creating a foundation for future growth and development. Our Savior Preschool has two goals:

First, we aim to teach your child that God loves him/her. We provide a Christian curriculum and atmosphere that encourages a close relationship with Jesus, our Savior. We teach your child that he/she is special just the way God made him/her.

Second, we strive to provide a quality first-school experience for your child. We share a creative, fun, and hands-on curriculum in an organized, colorful, and music-filled classroom. Your child's talents and skills will be celebrated.

Fees	Preschool 3's Class Meets Mon/Wed/Fri 9:00 am-12:00 noon	Pre-K 4's Class Meets Mon-Fri 9:00 am-12:00 noon
Registration Fee	\$100.00 (non-refundable)***	\$100.00 (non-refundable)***
Supply Fee (due by August 1)	\$125.00 per year Includes all supplies used during the year and an emergency kit	\$150.00 per year Includes all supplies used during the year and an emergency kit.
Tuition (due on the 1st of each month Sept-June)	\$3,150 year (\$315.00 month/ 10 months)	\$4,950 year (\$495.00 month/ 10 months)
Requirements	Three years of age on or before July 31. Must be toilet trained. Children with birthdays after July 31 may be asked to interview prior to school to assess readiness.	Four years of age on or before August 31.

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

Our Savior 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 Preschool
Phone: (253) 531-2112 Fax (253) 531-2997
www.oslc.com or Preschool Director at lissa@oslc.com
4519 112th St E, Tacoma, WA 98446



Tuition



You may choose one of the following payment options:

1. 10 monthly payments, beginning September: **Preschool 3's--\$315.00/month**
Pre-K 4's--\$495.00/month

2. **Pay in full by September 1st and receive a 2% discount on tuition portion only.**

Tuition payment does not fluctuate with holiday seasons, student absenteeism, or emergency school closures.

Payments are due by the first of each month, September–June.

These 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.

Sibling discount--There is a 10% discount (on tuition only) for the second child who is enrolled at OSLC Preschool at the same time and in the same school year.

Late payments are managed by Our Savior Lutheran Church's business office, not by the Preschool Director or Teacher.

Late fees are assessed if payment is not received by the 10th of the month that they are due. The late fee is \$15.

Families not paying by the 10th of the month will receive a call, mailed letter, and an e-mail from the Director of Operation between the 11th and 15th of the month.

If families carry an outstanding balance at the end of the month, students will be suspended temporarily from participation in class until the overdue balance is cleared.

In the event of unforeseen or extenuating circumstances, a temporary/alternate payment arrangement may be considered if the family reaches out to the Director of Operations for assistance.

Our Director of Operations is Nora Gass, (253) 531-2112, ext. 227, nora@oslc.com

School Year: September 9, 2024–June 13, 2025

Registration opens February 5, 2024 for current families
February 12, 2024 to the public





Student Information

_____	_____
Child's Full Name	Name to be used in school
_____	_____
Birthdate (Month/Day/Year)	Place of Birth (City/State)
_____	_____
Home Address	Home Phone Emergency Phone
_____	_____
City Zip code	Primary Email address for communication

Father's Information

Father's Name

Father's Home Address

Preferred Phone # Father's Email

Father's Occupation

Employer Name/Work Phone

Mother's Information

Mother's Name

Mother's Home Address

Preferred Phone # Mother's Email

Mother's Occupation

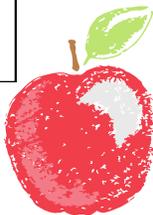
Employer Name/Work Phone

Current Marital Status of Child's Parents:

Married _____ Single _____ Divorced _____ Widowed _____ Separated _____ Living Together _____

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 received) _____

Tuition Payment Discounts:
Options: 2nd Child _____
Monthly _____ Scholarship _____
Yearly _____
Semi-Yearly _____

All About Your Child

Use three words to describe your child.

Is your child **right-handed** or **left-handed**? (circle one)

Does your child have any **siblings**? (Name, Age, Grade)



Does your family celebrate birthdays and holidays? If not, please explain.

Has your child attended Preschool before? (Where, how long)

Can your child take care of his/her toilet needs? _____

Does your child have any **allergies** (food, drug, other) Please list and explain reaction and recommended treatment.

Are there any **health needs** of which the Preschool should be made aware? (seizures, ADD, asthma, leaning disabilities)

Your child's home church: _____

Pastor's Name: _____

Is your child baptized? **Yes** or **No** (circle one)

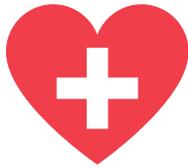


Is there any other information you would like to share about your child?

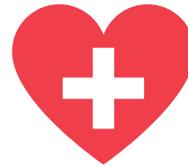
Photo Release Statement:

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

Child's Name _____ Parent/Guardian Signature _____ Date _____



Medical Information



If my child becomes ill or has an accident and I cannot be reached,
 I, _____ give 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 **2024-2025** school year (Sept 9 - June 13)

 Parent/Guardian's Signature

Date





Parent Permission for Field Trips (Pre-K class only)

It is the parent's/guardian's responsibility to transport his/her child to and from the field trip location. This includes any arrangement that may be made between parents. The teachers cannot drive your child.

We ask that **ONE** parent/guardian stay with his/her child during the entire field trip.

Any parent/guardian that feels he/she will be attending any of the 2024-2025 field trips must fill out a National background check form prior to the trip. (The background check will only need to be completed once during the course of the school year.) Anyone dropping off a child at a field trip that does NOT have a background check on file with OSLC (such as grandparents, friends, family, sitters) will be unable to attend the trip with his/her child.

I have read, understand, and agree to the field trip policy of Our Savior 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 its 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 that may occur to the above-named child.

Considering my child will be attended by a person of my choice (myself, grandparent, aunt, uncle, nanny, or the like), I understand the designated chaperone will be responsible for the care and supervision of my child while on the field trip.

Parent/Guardian Signature and Printed Name

Date

Parent/Guardian Signature and Printed Name

Date