

OUR SAVIOR LUTHERAN PRESCHOOL
2010-2011 ENROLLMENT PROCEDURES

Statement of Purpose

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

***First**, to teach each child that God loves him. 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 is special just the way he is.*

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

Fees

Registration Fee **\$75.00 per child (non-refundable)**

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

Supply Fee

3 year old class **\$85.00 per child per year**

Pre-K class **\$135.00 per child per year**

This fee is due by August 1. Includes all supplies normally needed - crayons, scissors, paper goods, take-home curriculum, etc. This also includes an emergency kit.

Tuition

Tuition is due on the 1st of each month September through May.

3 year old class **\$1350/year (\$150/month for 9 months)**

Morning class **(T/Th - 9:15-11:30am)**

Must be three years of age on or before July 31 and must be toilet trained. Children with birthdays March 1 through July 31 may be asked to interview prior to school to assess readiness.

Pre-Kindergarten class **\$1665/year (\$185/month for 9 months)**

Morning class **(M/W/F - 9:15-11:45am)**

Must be four years of age on or before August 31

You may choose one of three payment options:

1. 9 monthly payments, beginning September 1
3 year old class - \$150/mo
Pre-K classes - \$185/mo
2. Pay in full by September 1 and receive a 4% discount.
3. Pay first half tuition by September 1 and second half tuition by January 15 and receive a 3% discount.

- **A late fee** of \$10.00 will be charged if tuition is not in by the tenth of each month.
- **Sibling discount** – There is a 10% discount (on tuition only) for the second child enrolled at OSLC Preschool.
- **School year:** September 2010 through May 2011.
- **Please note:** Tuition payment does not fluctuate with holiday seasons, student absenteeism, or emergency school closures.

If you are a current Preschool family or Our Savior member, registration must be completed in full and returned with registration fee by February 16th. After that, enrollment opens to the community.

Immunization Requirement

In keeping with the laws of our state, every child enrolled at Our Savior Lutheran Preschool must present, before their first day of attendance, proof of (a) full immunization, (b) initiation of a schedule of immunization, or (c) a certificate of exemption. This is due with the packet at the time of registration.

OUR SAVIOR LUTHERAN CHURCH
4519 112th Street East
Tacoma, WA 98446
(253) 531-2112
PRESCHOOL REGISTRATION FORM
2010-2011

PLEASE CHECK ONE

Class: 3 yr old _____

Pre K _____

STUDENT INFORMATION

Student's Name _____

Nick Name (if used) _____

M _____ F _____

Birthdate (Month, Day, Year) _____

Place of Birth (City & State) _____

Home Address _____

City _____

State _____

Zip _____

Home Phone _____

Home Church/Address _____

Ethnic Background

Caucasian _____

Hispanic _____

Native American _____

Asian _____

African American _____

Other _____

Pastor's Name _____

Student Baptized? Y _____ N _____

Please Circle One

Left Hand / **Right Hand** Oriented

Student's Brothers & Sisters (names & ages/grades)

Bill to Party:

Name _____

Address _____

Phone Number _____

FATHER'S INFORMATION

Father's Name _____

Father's Address (if different) _____

Home Phone _____

Cell Phone _____

Father's Occupation _____

Employer Name/Work Phone _____

Father's E-mail _____

Emergency Contact & Phone Numbers:

Name & Relationship _____

Address _____

Phone Number _____

Name & Relationship _____

Address _____

Phone Number _____

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 Number _____

**OUR SAVIOR LUTHERAN PRESCHOOL
EMERGENCY MEDICAL PERMISSION SLIP**

Home Phone _____

I, _____ give permission for Our Savior Lutheran
Preschool to seek emergency type medical attention for my child,

_____.

This is effective for the 2010 to 2011 school year. (Sept 1 - May 31)

(Parent or Guardian's Signature)

In case of emergency when unable to contact parent, call:

Name Address Phone

Family doctor or pediatrician:

Name Address Phone

Child's food or drug allergies: (Please be specific)

The following people have permission to pick up my child:

Name Relation Phone#

Name Relation Phone#

Name Relation Phone#

OUR SAVIOR LUTHERAN PRESCHOOL

**PARENT PERMISSION FOR FIELD TRIPS
(Pre-Kindergarten Class Only)**

(Child's name) _____ has my permission to go on any field trip with his/her class during the school year 2010-2011. I understand that volunteer parents will assist in supervising youngsters.

Parent's Signature

With this signed agreement I/we absolve the teacher, Our Savior Lutheran Preschool, and any and all members of its governing boards of any responsibility for the safety, welfare, health and well being of the child named about, beyond such matters as may be called reasonable care for children in the custody of school personnel and subject to their clear instructions, and assume personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above named child.

PHOTO RELEASE STATEMENT

I authorize the use of media in the form of still photography, audio and video for activities involving my child(ren) 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.

Child's Name

Parent or Guardian (Signature) Date

PRAYER PARTNERS

I give permission for my child to be a part of Our Savior Lutheran Preschool Prayer Partners. This is a program designed for our church members to pray for your child and your family. In addition to prayer, their prayer partner may also wish to correspond to them through cards, letters, etc.

Child's Name

Parent or Guardian (Signature) Date

PERMISSION TO PUBLISH PHONE & ADDRESS

I give my permission for my child's address and phone number to be published on a class roster and distributed to preschool families ONLY.

Child's Name

Parent or Guardian (Signature) Date

Please respect the intention that class rosters are for preschool use only (play dates, carpools, etc.). Our rosters are distributed to preschool families only. If there are any changes to your roster information, please let us know as soon as possible.