

## EARLY CHILDHOOD ENROLLMENT FORM 2019-2020 School Year

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Registering for (circle one) -    **Preschool 2's**    **Preschool 3's**    **Pre-Kindergarten**  
Session preference - (circle one below or write request)

Pre-School 2	5 full days	3 full days (M, W, F)	2 full days (M & W)
	5 half days	3 half days (M, W, F)	2 half days (M & W)
Pre-School 3	5 full days	3 full days (M, W, F)	2 full days (M & W)
	5 half days	3 half days (M, W, F)	2 half days (M & W)
Pre-Kindergarten 4	5 full days	3 full days (M, W, F)	
	5 half days	3 half days (M, W, F)	

**Tuition payment** (choose one):  Simply Giving     One Time Payment (2%)     Two Time Payment (1%)

School district of residence: \_\_\_\_\_

Name of Public school your child would attend in your district if not at OSLS: \_\_\_\_\_

Previous Facility/School Attended: \_\_\_\_\_ Level(s): \_\_\_\_\_ Address: \_\_\_\_\_

Has he/she been baptized? \_\_\_\_\_ Date \_\_\_\_\_ Student's Home Church \_\_\_\_\_

Child lives with:  both parents     Father     Mother     Other (please list) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Primary Cell phone \_\_\_\_\_

Primary Email Address Contact \_\_\_\_\_

Please check if you are interested in further information about:

- Extended School Care (Registration forms and the ESC handbook will be made available)  
 Church membership at Our Savior

**ALL students must have enrollment fee paid in full to complete registration.**

NEW students must submit prior to 1<sup>st</sup> day of school

- Birth Certificate    - Physical    - Immunization Record

### **Statement of Non-Discrimination**

*Our Savior Lutheran admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.*

**Father/Stepfather's name** \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
His church (if different) \_\_\_\_\_ Denomination \_\_\_\_\_

**Mother/Stepmother's name** \_\_\_\_\_  
Address (if different) \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Her church (if different) \_\_\_\_\_ Denomination \_\_\_\_\_

**Siblings:**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**APPLICANT EDUCATIONAL INFORMATION**

Has your child ever been evaluated for educational concerns?  yes  no  
Date(s): \_\_\_\_\_ Grade(s): \_\_\_\_\_ Who requested the evaluation? \_\_\_\_\_  
Evaluator(s): \_\_\_\_\_ Please describe: \_\_\_\_\_

If your child has an evaluation or IEP, please submit the ALL documentation, including the Psychological Evaluation along with an application for admission. After consultation with our Administration staff, we will notify you whether our school environment can meet the needs of your child.

Has your child ever received any of the following? (Please check all that apply)  
 Occupational Therapy  Physical Therapy  Speech Therapy  
 Language Therapy  Play Therapy  Other  
Please describe: \_\_\_\_\_

**Office Use:**  
Date Received \_\_\_\_\_  
Enroll amt PD \_\_\_\_\_  
Cash \_\_\_\_\_ Check # \_\_\_\_\_