

EARLY CHILDHOOD ENROLLMENT FORM
2021-2022 School Year

Child's Name _____ Gender _____ Birthdate _____

Registering for (circle one)

Preschool 2 Preschool 3 Pre-K

Days requested (please circle all that apply): M T W Th F Full Days or Half Days
(Minimums: Preschool 2s – 2 days; Preschool 3s and Pre-K – 3 days)
Preference given to 5-day students and 3-day students with MWF choice.

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:

Student's Church Home _____

Has he/she been baptized? ___no___yes, date _____

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 the following prior to 1st day of school (with enrollment forms if possible)

- 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 # _____