

**EARLY CHILDHOOD ENROLLMENT FORM**  
**2022-2023 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 1<sup>st</sup> 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 # \_\_\_\_\_