

**OUR SAVIOR LUTHERAN
EARLY CHILDHOOD CENTER
ENROLLMENT INFORMATION**

Please circle which option you are enrolling your child for:

Summer 2023

School Year 2023-2024

Both Summer & School Year 2023-2024

Child's Name: _____ Nickname: _____

Date of Birth: _____ or Due Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____

Mother's Cell Phone Number: _____ Mother's Email: _____

Employer: _____ Employer's Phone #: _____

Father's Name: _____

Father's Cell Phone Number: _____ Father's Email: _____

Employer: _____ Employer's Phone #: _____

If divorced or separated, which parent has custody? ()N/A ()Mother ()Father ()Both

Does the non-custodial parent have permission to pick your child up? ()N/A ()Yes ()No

If divorced or separated, which parent is responsible for tuition? ()N/A ()Mother ()Father ()Both

EMERGENCY CONTACTS/OTHERS AUTHORIZED TO PICK UP YOUR CHILD

(person(s) must show ID at pick-up)

1) Name: _____ Relationship to child: _____

Primary Phone #: _____ Secondary Phone #: _____

2) Name: _____ Relationship to child: _____

Primary Phone #: _____ Secondary Phone #: _____

3) Name: _____ Relationship to child: _____

Primary Phone #: _____ Secondary Phone #: _____

(Please list additional names and numbers on separate paper if necessary for those authorized or emergency contacts)

CHILD'S PERSONAL HISTORY

Name of Sibling: _____ Age: _____ Grade: _____

Name of Sibling: _____ Age: _____ Grade: _____

Name of Sibling: _____ Age: _____ Grade: _____

Child's Race/Ethnic Origin: _____ Child's Home Language: _____

Besides immediate family, are there any other relatives or persons living with your child? ()Yes ()No

If yes, Name(s): _____ Relationship to child: _____

How did you hear about our Center? _____

Has your child been baptized? ()Yes ()No If yes, baptism date: _____

Name of church that family attends: _____ City: _____

Name of school district you reside in: _____

Please list any medical concerns we should be aware of: _____

Please list any known allergies: _____

If your child has any known allergies please provide documentation from your pediatrician/allergist.

Does your child have an IEP, IPSC, or IFSP? ()Yes ()No

If so, please provide a copy to help us meet your child's needs.

Does your child receive therapy services or at-home services (First Steps, PAT, etc.)? ()Yes ()No

Do you have any educational, behavioral, or social concerns with your child? ()Yes ()No

If yes, please explain: _____

ENROLLMENT AND TUITION

Child's Name: _____ Anticipated Start Date: _____

Please circle the program and days you want your child to be enrolled in.

**Days enrolled may not be changed without approval from the Early Childhood Director.*

Infants and One-Year Olds– Tuesday/Thursday, Monday/Wednesday/Friday, Monday-Friday

Bears/Otters/Turtles/Frogs	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Approximate drop-off/pick-up times</i>	-	-	-	-	-

Two-Year Olds – 2-day, 3-day or 5-day option

Giraffes/Monkeys	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Approximate drop-off/pick-up times</i>	-	-	-	-	-

Three-, Four- and Five-Year Olds – 2-day, 3-day or 5-day option

Lions/Cardinals	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Approximate drop-off/pick-up times</i>	-	-	-	-	-

Bears and Otters (6 weeks - 12 months)

Turtles and Frogs (12 months – 24 months)

Tuesday/Thursday	\$187 per week
Monday/Wednesday/Friday	\$267 per week
Monday through Friday	\$347 per week

Giraffes or Monkeys (2's) and

Lions or Cardinals with child wearing Pull-Ups

Two Days	\$157 per week
Three Days	\$217 per week
Five Days	\$277 per week

Lions or Cardinals (3's, 4's, and 5's)

Two Days	\$147 per week
Three Days	\$207 per week
Five Days	\$267 per week

For Office Use Only		
Monthly or Weekly Payments		
Date	Charge/Credit	Description

FAMILY AGREEMENT FORM

1. I agree to the annual, non-refundable \$250 enrollment fee per family at the time of registration to reserve a space in the class. If I am a new family, I will pay by cash/check payable to Our Savior Lutheran Church. If I am a current family, I will pay through my current FACTS account.
2. I agree to enroll in the FACTS online tuition payment service prior to my child(ren's) first day of attendance. I agree I will have a separate FACTS plan for the school year and a separate FACTS plan for the summer. I agree to pay the \$50 annual FACTS online tuition fee per family via FACTS.
3. I agree to pay the scheduled tuition that I have indicated on the tuition form.
4. I understand tuition rates can change at any time.
5. I understand there will be a \$25 late fee for past due accounts charged by Our Savior and a \$30 late fee for past due accounts charged by FACTS. This will be paid through FACTS.
6. I understand I will be charged \$25 for any returned checks.
7. I understand if a regularly scheduled tuition payment is not made my child may not be allowed to attend until all tuition and fees are paid.
8. I understand my tuition includes a hot lunch and two snacks (toddler rooms and above). I will not bring outside food for my child to eat.
9. I understand if I have 2 or more children enrolled at the same time, the child(ren) with the lower tuition rate will receive a 10% discount.
10. I will accept 2 key fobs for access to the center and agree to return 2 key fobs when my child(ren) exits the program.
11. I agree to pay a \$25 fee to replace a lost key fob for access to the center.
12. I understand that my child will not be accepted for care if he/she is ill, and I will pick my child up promptly if he/she becomes ill at school and cannot return to school until he/she is 24 hours (or 48 hours, depending on the illness) symptom free.
13. I understand the Center hours are 7:00 am-6:00 pm and will be respectful of these times.
14. I agree to abide by the policies and procedures set forth in the Early Childhood Parent Handbook. This is distributed at the beginning of the school year. I may request additional copies at any time.
15. Only parents or immediate caregivers may have access to Class Dojo accounts, no grandparents or extended family.

I do or do not give consent for the center to include photos of my child on the following forms of media:

Classroom Projects:	Yes _____	No _____
Class Dojo:	Yes _____	No _____
OSLCECC Facebook and Instagram:	Yes _____	No _____
Presentations Used in House:	Yes _____	No _____

Parent Signature(s): _____ Date: _____

Parent Signature(s): _____ Date: _____