

Our Savior's Lutheran Church and Preschool

REGISTRATION PROCEDURES

Fill out the 2018-2019 preschool registration form.

(Please return the whole packet at registration – do not take apart.)

A registration fee for \$100.00 is due (per family) with the registration form.

The registration fee is nonrefundable – no exceptions.

A mailing will be sent to your child in early August containing all the information you will need to know about the upcoming Open House and first day of school in September.

Please note: If the class you prefer is full, your options are:

Register for another class and be on the waiting list for the preferred class or just be on a waiting list.

You may request a teacher and we will try to honor requests but it is not always possible!

We try to find the very best placement for your child.

(Teacher assignments may change during summer)

Our Savior's Lutheran Church and Preschool 2018- 2019 Tuition Policy

Upon enrolling your child at Our Savior's Lutheran Church and Preschool, please read that you understand and agree to the following Tuition Policy.

- **A non-refundable registration fee of \$100.00 is required upon enrollment.**
- OSLCP prefers that all families sign up for automatic withdrawals which begins in September 2018.
- **If you choose not to do the automatic withdrawals, then the September 2018 and the June 2019 preschool tuition is due on your child's first day of school in September.**
- Tuition is due no later than the 15th day of each month.
- **Payments are not to be given to your child's teacher.** Please put the tuition check in the drop box by the Preschool Director's office in the Learning Center.
- **There is a \$25.00 fee for any Non-Sufficient Funds.**
- **A tuition payment record is on the last page of the Parent Handbook that will be given to each family at the Open House in September.** It takes into consideration start/finish days, holidays, in-service days and school closures due to inclement weather and emergencies.

I have read and agree to follow the tuition policy as outlined above.

Paid Registration Fee _____ ck# _____ Date: _____
Class enrolled: _____ and _____.

Our Savior's Lutheran Church and Preschool

215 Mukilteo Blvd. Everett WA 98203

Preschool Director: Debbie Cooper (425) 252-0413 Ext. 113 Email: debbie@oslc-everett.org

www.oslc-everett.com

2018-2019 School Year Registration Form

\$100.00 Non-refundable Registration Fee: Check # _____ Date received: ___/___/___

(for office use only)

Child's first and last name _____

Do you prefer your child to go by a nickname? _____

Sex ___ Birthdate (M/D/Y) _____ Age of child on August 31, 2018 _____

Phone number that you prefer to put on the class list _____

Home address _____

City _____ Zip Code _____

E-mail address _____ (Please print neatly)

(OSLCP will be use this email address for preschool communication w/families.)

Mother's Name _____ Cell # _____

Employer _____ Work # _____

Father's Name _____ Cell # _____

Employer _____ Work # _____

Custody: If one parent has custody, please designate _____

Name and ages of other children in the family: _____

Parent's address if different: _____

Primary language(s) spoken at home: _____

Does your child have previous preschool experience? Yes ___ No ___

Please share some information that will help us understand your child's needs:

(Births, deaths, family changes, child's personality, new situations, etc.)

Day Care Provider: Name: _____ Phone: _____

Child will come to school from daycare ___ home ___ Child will depart from school to daycare ___ home ___

Emergency Contact Number (in case we cannot contact the above names)

Name: _____ Phone: _____

Consent to Emergency Medical Treatment

The undersigned, being the parents/custodians of _____

Child's name

is hereby enrolled in the Preschool activities of Our Savior's Lutheran Church of Everett, Washington, and in consideration for such enrollment do hereby release said Church and all officers, agents and employees thereof and all staff persons working with the Preschool activity, from all liability for damages or personal injury occurring as a result of the Preschool activity.

The undersigned further authorize the agent of the Church and /or staff of the Preschool activity to consent to any and all emergency medical, surgical, hospital or dental care treatment for our said child which, in our absence, is deemed necessary by health care professionals.

Signature _____ Date _____

Doctor's name _____

Doctor's Phone Number _____

Name of Medical Insurance Company _____

Special medical conditions or requirements of the child, food allergies, medications, etc.?

Consent for Photos

OSLC Preschool periodically takes photos of our students and staff throughout the course of the school year for documentation, promotional and/or fund-raising purposes and for the website.

Please check one: I **do** authorize my child to appear in pictures.

I **do not** authorize my child to appear in pictures.

Parent's signature _____ Date _____

Our Savior's Lutheran Church Preschool admits students of any race, color, gender and national or ethnic origin.

Do you have a personal faith based home/background and or worship location?

Name of Worship Center _____ (optional)

*

Please let us know how you heard about OSLCP (circle as appropriate)

Referral Facebook Church Signs Website Newspaper Other: _____

Name of referral _____