

# 2018-2019 Preschool Student Application

**Please circle one:** 3 Year Old Class - 2DPS – T/TH    3DPS – M/W/F    5DPS – M-F



4 Year Old Class - 3DPS – M/W/F    5DPS – M-F

## Days and Times You Will Be Staying

**Please Write Time -7:00 A.M.-8:30 A.M.**

**PICK UP TIME – PLEASE CHECK OR WRITE IN TIME**

- |                                    |                     |             |            |                           |                            |
|------------------------------------|---------------------|-------------|------------|---------------------------|----------------------------|
| <input type="checkbox"/> Monday    | _____ Drop off time | _____ 11:30 | _____ 3:30 | _____ 6:00 or: _____ p.m. | <b>Previous Carpool#</b>   |
| <input type="checkbox"/> Tuesday   | _____ Drop off time | _____ 11:30 | _____ 3:30 | _____ 6:00 or: _____ p.m. | *** _____                  |
| <input type="checkbox"/> Wednesday | _____ Drop off time | _____ 11:30 | _____ 3:30 | _____ 6:00 or: _____ p.m. | ***One will be assigned if |
| <input type="checkbox"/> Thursday  | _____ Drop off time | _____ 11:30 | _____ 3:30 | _____ 6:00 or: _____ p.m. | you are a new family.      |
| <input type="checkbox"/> Friday    | _____ Drop off time | _____ 11:30 | _____ 3:30 | _____ 6:00 or: _____ p.m. |                            |

Optional: State forms require we identify our students by race. Please mark which category fits your child.

<input type="checkbox"/> White	<input type="checkbox"/> African American
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Alaskan, Native American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye Color \_\_\_\_\_ Gender:  Male  Female SSN# \_\_\_\_\_

Last School Attended (Name & Full Address) \_\_\_\_\_

**PLEASE LIST ANY KNOWN ALLERGIES:** \_\_\_\_\_

*Please explain any "yes" answers on a separate sheet of paper*

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Has this child ever been dismissed or suspended from any school? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Does this child have any learning problems?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Does this child have any physical disabilities?                  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Does this child have any behavioral problems? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Does this child have any problems getting along with others?     |  |   |

### Parent Information - Parents Living With Child:

Parent Name(s) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Mother's E-Mail \_\_\_\_\_ SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's E-Mail \_\_\_\_\_ SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Parents Not Living With Child:

Parent Name(s) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Please clearly list any restrictions to the non-custodial parent's rights on a separate sheet of paper. Also, please include any court documents that may apply to these restrictions.

### Information On Persons Authorized For Emergency Pick Up or Contact

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any one specifically prohibited from picking up your child \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Over - Please complete the entire form**

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**Religious Affiliation**

Child's Baptismal Information:

MY CHILD HAS NOT BEEN BAPTISED 

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BAPTISMAL DATE	CHURCH NAME WHERE BAPTIZED	CITY	STATE
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FATHER'S CHURCH MEMBERSHIP	MOTHER'S (If Different)	CHURCH CHILD REGULARLY ATTENDS (If Different)	
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Our Savior Lutheran School admits students of any race, color, gender, national or ethnic origin to all of the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies, scholarships and any other school administered programs.

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**Sibling Information**

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NAME	BIRTHDATE	CURRENT SCHOOL	CURRENT GRADE
NAME	BIRTHDATE	CURRENT SCHOOL	CURRENT GRADE
NAME	BIRTHDATE	CURRENT SCHOOL	CURRENT GRADE

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Admission to Our Savior Lutheran School is a privilege. It is a privilege granted to those students who manifest a desire to live and work as Christ-centered, Bible-believing Christians. The school reserves the right to dismiss any student who, in the opinion of the administration and Board of Day School Education of Our Savior Lutheran Church, is not assimilated into the spirit of the school, whether or not that student has kept all the rules and regulations of the school.

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**A Parental Pledge**

Recognizing the value of a Christian education, as a member of the Our Savior Lutheran School Family, I agree to comply with the following expectations:

1. Because a genuine Christian education is comprehended in proper and regular attendance at Divine Services and Sunday School, I will attend church and Sunday School with my child at my church.
2. Because a child learns from his or her parents over and above the training offered at Our Savior Lutheran School, I shall strive to set an example of Christian living.
3. Because a vital part of the educational program of Our Savior Lutheran School is religious instruction, I agree that my child shall take part in all of the religious services of the school as well as its religious instruction periods.
4. Because a large financial outlay is required to operate the school, I agree to assist in the support of the school through the regular payment of tuition.

I hereby certify that the above statements are true and pledge to uphold all rules and regulations at Our Savior Lutheran School and will assure that my child regularly attends Sunday School and Church. I understand that my child's acceptance is conditional upon the results of interview with the principal and the results of any placement tests which may be administered.

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**Signature of Parent/Guardian**

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**Date**

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**Tuition may be paid as listed below. Please indicate with a check the payment method you prefer:**

- 1 payment** Due in full on June 15, 2018, by cash or check. (A 5% discount will apply.)
- 10 payments** Due on the 1<sup>st</sup> or the 15<sup>th</sup> of each month, beginning August 2018, and ending May 2019 by automatic withdrawal through your checking or savings account.

**If you have been referred by another Our Savior Lutheran School family, please attach the referral card. A 5% discount will be applied if your child remains enrolled for at least one semester.**

All fees must be paid by the end of the school term. Report cards, graduation diplomas, and/or transcripts will not be issued until all fees are paid in full.

I understand that if we choose to transfer our child to another school for any reason after the onset of the school year, tuition due will be prorated based on the daily cost for 175 school days.

I have read and understand the above stated policy and agree to pay tuition and fees as stated in the tuition policy as outlined above. I understand that failure to make payments on schedule will result in the penalties outlined in the tuition policy as stated above.

I understand that member tuition rates are granted to those who have completed the Lutheran Information Class and attend Our Savior Lutheran Church a minimum of 26 Sundays each year.

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**Signature of Parent/Guardian**

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**Date**

**A non refundable fee of \$100.00 (\$150.00 after February 15) must accompany this application.**

**FOR OFFICE USE ONLY**

Application Received: Date \_\_\_\_\_ By: \_\_\_\_\_ Remarks: \_\_\_\_\_

Fee Received: Date \_\_\_\_\_ By: \_\_\_\_\_ Check # \_\_\_\_\_



OUR SAVIOR LUTHERAN SCHOOL  
8307 NOTTINGHAM PARKWAY  
LOUISVILLE, KY 40222  
(502) 426-0864

**Medical Emergency Permission Form**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home # \_\_\_\_\_ Mom-Cell # \_\_\_\_\_ Dad-Cell# \_\_\_\_\_

Mom – Work # \_\_\_\_\_ Dad – Work # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder – Date of Birth \_\_\_\_\_

In case of accident or serious illness, I request I be contacted by Our Savior Lutheran School Preschool Childcare Program. If the school is unable to reach me, I hereby authorize the school to call my physician or dentist and make necessary arrangements to provide medical care as needed.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Use Of Gymnasium Permission Form**

The undersigned hereby requests and gives permission to: \_\_\_\_\_  
for the **daily use of the gymnasium** and with this signed agreement absolves the teacher, Our Savior Lutheran School and any and all members of its governing boards of any responsibility for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above-named child during the time of the specific activity as set forth at the beginning of the paragraph.

**Preschool Childcare Staff will accompany the group.**

**Parent / Guardian signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_