

Office Use Only: Current/OSLC Family _____ Previous: _____ New: _____
FORM RECEIVED - DATE: _____ BY: _____ DEPOSIT AMT: _____ CK#: _____
ADDED TO CLASS LIST Y N # _____ ADDED TO WAIT LIST Y N

Our Saviour's Lutheran Preschool **2018-2019 Student Registration Form**

3yr. AM M/Th class _____ 4 yr. AM class M/W/ F _____ 5yr. AM T/Th class _____

3yr. AM T/Fri class _____ 4yr. PM class M/W/F _____

Student's Full Name: _____ M F Name Used _____

Student's date of birth: _____ Email address: _____

Home address: _____

Mailing address (if different from above): _____

Home phone number: _____ Student Resides with: _____

Parent/Guardian name: _____ Cell phone number: _____

Parent/Guardian place of employment: _____ Work phone number: _____

Parent/Guardian name: _____ Cell phone number: _____

Parent/Guardian place of employment: _____ Work phone number: _____

Church affiliation: _____

Emergency contacts other than parent/guardian:

Name: _____ Phone number: _____ Relationship: _____

Name: _____ Phone number: _____ Relationship: _____

I authorize the following person(s) to pick up my child from Our Saviour's Lutheran Preschool:

Name: _____ Name: _____

Cell phone number: _____ Cell phone number: _____

Does your child have any allergies or other medical information that would be helpful for our staff to know?

I prefer to receive information by: text _____ email _____ Facebook _____ Paper _____

*Parent/Guardian signature: _____ Date: _____

To better acquaint your child's teacher with your child please answer the following questions:

What other programs or educational experiences has your child participated in (i.e. Sunday school, preschool or childcare, swimming lesson, and library story hour):

What do you hope for your child to gain from her/his preschool experience:

What do you think would be helpful for your child's teacher to know about your child: _____

How did you find out about Our Saviour's Lutheran Preschool: _____



Church Office Phone Number: (360) 629-3767

Email: oslpstanwood@gmail.com

27201 99th Avenue NW, Stanwood, WA 98292

Mailing Address: P.O. Box 370, Stanwood, WA 98292

Tuition Agreement

Tuition payment is due in full on the 1st of each month and considered late by the 10th of the month

Full payment must be received by the 10th of each month, or it is considered late and will incur a \$20.00 late fee. Non-payment may result in disenrollment.

Tuition payments can be:

- A) received by mail in care of Our Saviour's Lutheran Preschool, P.O. Box 370, Stanwood, WA, 98292;
- B) given to your child's teacher

*My signature below indicates I have read, understand and agree to the terms and conditions as set forth in this agreement.

Parent or Legal Guardian Signature

Date

Permission to Photograph/Video

I give permission for my child to be photographed and/or videotaped for the purpose of submission in the end of the year slide show or for OSLP public relations pieces, including brochures and web page features.

Parent or Legal Guardian Signature

Date

Release of Information for Class List

I authorize the release of my contact information for a class list to be distributed to members of my child's class.

Parent or Legal Guardian Signature

Date

Immunization Forms

IMMUNIZATION FORMS will be emailed in AUGUST. Please make sure your form is turned in before the first day of school!