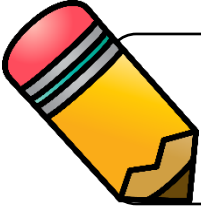


Enrollment Date: _____

Information Update Only: _____



Our Saviour Lutheran School



2600 Wade Hampton Blvd Greenville SC 29615

Oslpreschool14@gmail.com

864-268-4714

Registration Form

Class enrolled for 2025-2026 (based on age as of 9/1/2025): (Please circle)

K2 (3-day T-W-Th)

K2 (4-day T-W-Th-F)

K2 (5-day)

K3 (4-day T-W-Th-F)

K3 (5-day)

K4 (4-day T-W-Th-F)

K4 (5-day)

Please indicate whether your child would need our Lunch Bunch program next year:

_____ My child will attend Lunch Bunch (12 PM- 1 PM). Please circle the days of the week he/she will attend:

Monday

Tuesday

Wednesday

Thursday

Friday

Child: _____ Birthdate: __/__/__ Age as of 9/1/25: ____ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Full name of Father: _____ Email _____

Father's Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st ☐

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name:_____	2. Name:_____
Relationship to child:_____	Relationship to child:_____
Home Phone:_____	Home Phone:_____
Cell or Work Phone:_____	Cell or Work Phone:_____

Release of Student

Other Person(s) Authorized to pick up child:

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Additional information, notes or agreements made between this program and parents or guardians:

I understand that this application is made for admission of my child to Our Saviour Lutheran School. The non-refundable registration fee of \$ _____ has been paid. I understand that tuition must be paid in full by the 10th of each month (September– May). I understand that no refunds will be made during any month for either absences or withdrawals. I understand that program offerings may change based on enrollment and staffing. It is my responsibility to contact the school regarding any program changes.

(Signature of parent/guardian)

(Date)

LIMITED POWER OF ATTORNEY

If a serious emergency arises, it may be necessary for a physician to attend your son/daughter before the staff could get in touch with you or your designated physician. Such care can be provided only if you sign the following AUTHORIZATION FOR MEDICAL TREATMENT.

I give the teacher or administrator in charge of my son/daughter limited power of attorney to act in my absence and see that my son/daughter, _____, gets whatever medical treatment is necessary in case of sickness or accident.

Health Plan _____ Group#: _____ ID#: _____
Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Parent or Guardian Signature: _____ **Date:** _____

Medication and Emergency Care Authorization

Permission to Administer Medicine

Please fill out only if your child requires medication on a daily basis.

Name of Child _____

Name of Medication _____ Administered? _____

Is medication (circle one) Prescription Over-the Counter

Times to be administered _____ Dosage _____

Please note:

- Prescribed medicine must be in its original container, bearing the pharmacist's label that includes instructions for dosage, name of child, the name of the prescribing physician or other health professional, and a current date.
- Over-the-counter medicine must be in its original container, accompanied by the original printed instructions, and within expiration dates.
- Medicine will be administered as authorized in writing by the Child's parent or legal guardian, and not to exceed amounts and frequency of dosage specified on the medicine label. Any deviation from the medicine label will need to be accompanied by a physician's note.

Parent or Guardian Signature: _____ Date: _____

Comments/Exceptions: _____

Transportation Authorization

☐ I give Our Saviour Lutheran School my permission to transport my child, _____, to _____ (hospital/clinic) for emergency medical or dental care, or to the nearest available source of assistance.

☐ I do **NOT** give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported

Comments/Exceptions: _____

Parent or Guardian Signature _____ Date: _____

Water Play Authorization

Please be informed that water play/swimming is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler, wading pool, and swimming pool. Many precautions are being taken at our facility to help keep children safe when participating in water play, including but not limited to: Staff trained in an approved water safety course is present during water swimming activities, children learn water safety rules, and an emergency plan is in place for pool related activities.

☐ I authorize my child to participate in ALL water/swimming activities offered.

Except: _____

☐ I also give permission for my child to participate in water activities away from the program including but not limited to the beach or water parks.

☐ I do NOT authorize my child to participate in ANY water/swimming activities.

I consider my child to be: ☐ a swimmer (swims 25+ feet without touching) ☐ non-swimmer

Please provide a US Coast Guard approved life jacket for non-swimmers and they will be required to wear it when not directly involved in swimming instruction.

Parent or Guardian Signature _____ Date: _____

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions, as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, and various other things. Photos which may include your child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

☐ I give permission to Our Saviour Lutheran School to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

- ☐ I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).
- ☐ I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

☐ I do NOT want any photos/videos taken of my child.

Parent or Guardian Signature _____ Date: _____

Field Trips

Our students will take educational field trips during the year. It is necessary that this form remain on file for every child. No child will be allowed to leave the center without parental permission. You will always be notified of field trips in advance.

WE GIVE PERMISSION FOR THE STUDENT TO TAKE PART IN ALL OUR SAVIOUR LUTHERAN DAY SCHOOL ACTIVITIES AND SPONSORED TRIPS AWAY FROM THE PREMISES FOR THE UPCOMING SCHOOL YEAR.

Parent or Guardian Signature _____ Date: _____