



Our Saviour Lutheran School

2600 Wade Hampton Blvd Greenville, SC 29609

864-268-4714

oslpreschool14@gmail.com

Hi there!

We're so glad you're here, and even more excited to welcome your family into our school community! Whether this is your first year with us or you're returning for another, thank you for choosing Our Saviour Lutheran School for your child's early learning experience.

At OSLS, we believe that kids learn best when they feel safe, loved, and supported. That's why we're committed to creating a fun, nurturing environment where each child can grow in confidence, curiosity, and kindness.

This registration packet includes all the forms and info you'll need to get started. Please take some time to read through everything, and let us know if anything is unclear, we're happy to help!

We truly can't wait to get to know you and your child. It's going to be a great year!

Warmly,
Angel Peters
Director, Our Saviour Lutheran School
864-268-4714
oslpreschool14@gmail.com



Our Saviour Lutheran School

2600 Wade Hampton Blvd Greenville, SC 29609

864-268-4714

oslpreschool14@gmail.com

Student Name: _____ Date of Birth _____

Checklist for Enrollment

2026-2027

- Registration Paperwork
- DSS Form 2900-General Record and Statement of Child's Health
- Immunization Record
- Deposit-Same as one month's tuition

Office Use Only:

Date Form Completed: _____



Our Saviour Lutheran School

2600 Wade Hampton Blvd Greenville, SC 29609

864-268-4714

oslpreschool14@gmail.com

Registration Form 2026-2027

Child Name: _____ Date: _____

Classroom enrolled in for the 2026-2027 school year:

One-Year-Old Program	<input type="checkbox"/>	5 Days		
Two-Year-Old Program	<input type="checkbox"/>	3 Days (T-W-Th)	<input type="checkbox"/>	5 Days
Three-Year-Old Program	<input type="checkbox"/>	3 Days (T-W-Th)	<input type="checkbox"/>	5 Days
Four Year-Old Program	<input type="checkbox"/>	5 Days		

Please indicate if you will enroll in late stay (1:00-3:00):

Yes No 3 Days (T-W-Th) 5 Days

Child's Name: _____

Name they prefer to be called: _____

Sex: M or F Date of Birth: _____ Age as of Sept 1st: _____

Home Address: _____

Parent/Guardian 1:

Name: _____ Email: _____

Address: Same _____

Cell Number: _____ Work Number: _____

Employer Name and Address: _____

Parent/Guardian 2:

Name: _____ Email: _____

Address: Same _____

Cell Number: _____ Work Number: _____

Employer Name and Address: _____

Emergency Contacts

Please provide a minimum of two emergency contacts (other than parents) who are authorized to pick up your child in case of emergency.

Emergency Contact 1:

Name: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact 2:

Name: _____ Relationship to child: _____

Cell Phone: _____ Work Phone: _____

Release of Student

Other persons authorized to pick up your student:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Additional information, notes, or agreements:

Emergency Medical Authorization

In the event of illness or injury, I authorize OSLS staff to seek emergency medical evaluation and treatment for my child, including contacting EMS, arranging transportation, and providing appropriate initial first aid. If I or the listed emergency contact(s) cannot be reached, I understand that emergency medical personnel or a licensed physician may provide treatment as medically necessary for my child's safety.

I understand that no medication will be administered to my child without my written authorization, except as permitted in a medical emergency and in accordance with South Carolina childcare licensing regulations.

Health Plan _____ Group#:_____ ID#:_____

Child's Doctor:_____

(Signature of parent/guardian)

Date

General Health

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

Note: attach a copy of immunization record

Does child have any known health problems?_____

Does your child have any known 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 ()

Has your child previously received or are they currently receiving any therapies or support services? Yes () No () If yes, please describe:_____

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

Water Play Acknowledgment

Our program may occasionally participate in shallow water play activities such as sprinklers, water tables, or supervised splash days. These activities do not involve swimming or deep water. I understand that staff will provide active supervision during all water play activities.

Yes, my child may participate No, I prefer my child not participate

(Signature of parent/guardian)

Date

Photo/Media Authorization

I understand that the school may occasionally photograph or record students during classroom activities, school events, and program experiences for the purposes of documentation, communication with families, and school promotion.

Please indicate your preferences:

I allow photos/videos of my child to be used for classroom purposes only (documentation panels, lesson displays, private Brightwheel posts to my family).

I allow photos/videos of my child to be used for school promotional materials (website, social media managed by OSLS, brochures, newsletters, church communications).

I do not grant permission for my child to be photographed or recorded.

(Signature of parent/guardian)

Date

On-Site Field Trips

Our program may occasionally host special on-site activities or visitors (such as community helpers, petting zoos, musicians, educational presenters, or church-sponsored programs). These activities take place on our campus only and do not involve transportation off-site. Staff provide active supervision at all times during these events.

Please indicate your preference:

Yes, I give permission for my child to participate in on-site special activities and visiting programs.

No, I do not give permission for my child to participate. I understand that alternative classroom activities will be provided.

(Signature of parent/guardian)

Date

Discipline and Behavior Management Policy

When a child at Our Saviour Lutheran exhibits challenging behavior, we follow the standards set by the National Association for the Education of Young Children (NAEYC):

Observation & Understanding

Staff observe the child to identify patterns, triggers, or contributing factors related to the behavior.

Proactive Support

We focus on teaching skills such as emotional regulation, social interaction, and communication. Strategies include adjusting the environment, modifying activities, and providing peer or adult support.

Safe, Respectful Responses

Staff respond to behaviors—especially physical aggression—in ways that ensure safety while remaining calm and respectful. Children are clearly informed about acceptable behavior in age-appropriate ways.

Documentation

All incidents and interventions are logged using tools such as incident reports, or individualized behavior plans.

Family Collaboration

Conversations with families are held privately and focus on working together to support the child's growth and inclusion. If needed, we co-develop individualized guidance plans.

Referral and Intervention

When appropriate, we refer families to outside support such as early intervention services, community mental health providers, or private therapists. Our goal is to ensure every child has access to the resources they need.

Individualized, Developmentally Appropriate Guidance

All responses are tailored to the child's age and developmental level, ensuring fairness, consistency, and respect.

Corporal punishment will not be used under any circumstances, in accordance with South Carolina Child Care Licensing regulations.

Our Saviour Lutheran School does not condone or tolerate the use of physical punishment of any kind on Our Saviour Lutheran School property. This policy restricts parents and staff from using physical punishment on their children while on Our Saviour Lutheran School property. Also, Our Saviour Lutheran School will not tolerate psychological abuse, coercion, threats, derogatory remarks, withholding, or threatening to withhold food as a form of discipline.

For additional details about our guidance and behavior expectations, please refer to the Family Handbook or contact the Director with any questions.

Discipline & Behavior Management Policy Acknowledgment

I have received and reviewed the Discipline and Behavior Management Policy, including the statement that corporal punishment will not be used under any circumstances, in accordance with South Carolina Child Care Licensing regulations. I understand that if this policy is revised in the future, I will be asked to review and re-sign the updated policy.

(Signature of parent/guardian)

Date

Family Handbook Acknowledgment

Our family Handbook contains important information about our program philosophy, policies, expectations, safety procedures, and day-to-day operations. It also describes how we partner with families to support each child's success in our preschool community. The handbook is available online, and a printed copy may be requested from the school office.

I, _____ (PRINTED NAME), understand that it is my responsibility to review the handbook and to contact the Director if I have questions or need clarification about any policy. I agree to follow the policies and procedures outlined in the handbook as a condition of my child's enrollment.

(Signature of parent/guardian)

Date

Enrollment and Tuition Agreement

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 is due in full by the 5th of each month (September–May). No refunds or tuition credits will be issued for absences, holidays, illness, school closures, or withdrawal during a month of attendance.

I understand that program offerings and class placements are dependent on enrollment, licensing requirements, and staffing availability, and may be adjusted if needed. I agree to communicate with the school if my child's enrollment needs or schedule change.

(Signature of parent/guardian)

Date