



Our Saviour Lutheran School

2600 Wade Hampton Blvd Greenville, SC 29615

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 29615

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

Registration and Tuition Fees

2026-2027

August 17th-May 21st

Program Hours:

8:30 AM-1:00 PM

Snack and Lunch will take place during the day.
Families will provide food for their students.

Late Stay Hours:

1:00 PM-3:00 PM

Annual Registration:

Same as one month's tuition (non-refundable)
Payment required at the time of enrollment

Tuition:

Payable beginning in September through May
Tuition is paid monthly
Payment will be due by the 5th of the month

1-Year-Old Program

5-day program-\$550

2-Year-Old Program

3-day program-\$325 (T-W-Th)

5-day program-\$485

3-Year-Old Program

3-day program-\$300(T-W-Th)

5-day program-\$460

4-Year-old Program

5-day program-\$460

Late Stay:

Hours: 1:00-3:00

5-day program-\$220

3-day program-\$132

Annual Supply Fee:

Each student will have a supply fee of \$100. \$50 will be due by August 17th. \$50 will be due by January 8th. (non-refundable)

Important Information:

Our Saviour Lutheran School reserves the right to modify or discontinue any program or activity for any reason deemed necessary, including but not limited to participation.

Please note that Our Saviour Lutheran School cannot guarantee teacher assignments for next school year. Staffing adjustments may take place during the spring and summer months, which may result in changes to classroom placements. We appreciate your understanding as we ensure the best fit for each classroom and child.

Tuition and extended care fees are billed at a set monthly rate. While some months may include more school days than others, the price will remain the same each month to provide consistency for both families and the program.

Any enrollment changes after July 31st must be submitted in writing with at least 30 days notice to ensure proper staffing and classroom ratios.

No refunds are provided for any portion of a month, and tuition will not be adjusted for absences.



Our Saviour Lutheran School

2600 Wade Hampton Blvd Greenville, SC 29615

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 5 Days

Two-Year-Old Program 3 Days (T-W-Th) 5 Days

Three-Year-Old Program 3 Days (T-W-Th) 5 Days

Four Year-Old Program 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 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 ()

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

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

OSLS 2026-2027 SCHOOL CALENDAR



August

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January

SUN	MON	TUE	WED	THU	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

IMPORTANT DATES:

First Day of School	August 17
Last Day of School	May 21

STUDENT HOLIDAYS:

Labor Day	September 7
Teacher Professional Dev.	October 16
Teacher Professional Dev.	November 2
Election Day	November 3
Thanksgiving Break	November 25-27
Winter Break	December 21-January 1
Teacher Professional Dev.	January 4
MLK Jr. Day	January 18
Presidents' Day	February 15
Teacher Professional Dev.	March 12
Spring Break	March 22-26
Student/Teacher Holiday	March 29
Student/Teacher Holiday	April 16