# 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

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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

**Enrollment Deposit**

Equal to one month's tuition (non-refundable). Due at the time of enrollment. This deposit reserves your child's place in the program and covers August tuition.

**Tuition:**

Payable beginning in September through May

Tuition is paid monthly

Payment will be due by the 5th of the month

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**Butterfly Classroom** *(Infants and Young Toddlers)*

5-day program-$550

**Firefly Classroom** *(Toddlers)*

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

5-day program-$485

**Bumblebee Classroom** *(Three-year-olds)*

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

5-day program-$460

**Bumblebee Classroom** *(Four-year-olds)*

5-day program-$460

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**Late Stay:**

Hours: 1:00-3:00

5-day program-$220

3-day program-$132

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**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

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# Registration Form

## 2026-2027

Child Name: _____ Date: _____

| **Classroom enrolled in for the 2026-2027 school year:** | | |
|---|---|---|
| **Butterfly Room** *Infants- Toddlers* | | ☐ 5 Days |
| **Firefly Room** *Toddlers* | ☐ 3 Days (T-W-Th) | ☐ 5 Days |
| **Bumblee Room** *3-year-olds* | ☐ 3 Days (T-W-Th) | ☐ 5 Days |
| **Bumblee Room** *4-year-olds* | | ☐ 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**

Reset

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: Select 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 |

OSLS
OUR SAVIOUR
LUTHERAN SCHOOL

## 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 |