



LIVING SAVIOUR LUTHERAN PRESCHOOL

ENROLLMENT APPLICATION - **OPENS 2/1/2025**

2025-2026 SCHOOL YEAR

(SEPTEMBER 2, 2025-MAY 21,2026) (9:25-1:00)

LSP PROGRAMS-Please select the program to which you are applying for the 2025-2026 school year. Your child **MUST** meet the age requirement for the program by August 31, 2025.

We do offer a \$35 monthly discount on tuition for sibling #2, # 3, etc.

ONES PROGRAM (1:5)	TWOS PROGRAM (1:6)	THREES PROGRAM (1:8)	KINDERGARTEN PREP (1:12)
<input type="checkbox"/> T/TH (\$315) <input type="checkbox"/> M/W/F (\$350) <input type="checkbox"/> M-F (\$420)	<input type="checkbox"/> T/TH (\$315) <input type="checkbox"/> M/W/F (\$350) <input type="checkbox"/> M-F (\$420)	<input type="checkbox"/> M/W/F (\$350) <input type="checkbox"/> M-F (\$420)	<input type="checkbox"/> M-F (\$420)

GENERAL INFORMATION

Child's Name (Last)		(First)	
Date of Birth:	Child's Preferred Name:		Gender:
Address:	City:	State:	Zip:

FAMILY INFORMATION

Child's Legal Guardian: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	Emergency Contact Name & Phone (other than parents):
Father's Name:	Father's Cell:
Father's Email:	
Mother's Name:	Mother's Cell:
Mother's Email:	

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other	Which parent should we contact first if child needs to go home early due to illness?
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PICK-UP INFORMATION-please include full name

Primary person picking up:	Secondary person picking up:
Alternate #1	Alternate #2

Please list names and ages of siblings enrolled at LSLP:
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It is IMPORTANT for us to have your CURRENT EMAIL address and CELL PHONE numbers on file. These are the contacts we will use for EMERGENCY notifications. Please keep the office updated with any changes.

EMERGENCY CARE INFORMATION Medical Authorization: I understand that, in case of medical emergency every effort will be made to contact the parents or guardians. In the event, I cannot be reached, I give permission for Living Saviour Lutheran Preschool and or the physician/hospital named below to treat my child.

Known Allergies:	
Doctor's Name:	Office Phone:
Dentist Name:	Office Phone:
Does your child have any health issues that are important for teachers to know? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain	
Does your child take any medication on a regular basis? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain	

HOSPITAL PREFERENCE

<input type="checkbox"/> Atrium Health (Uptown) 704-335-2000	<input type="checkbox"/> Atrium Health- (Pineville) closest 704-667-1000	<input type="checkbox"/> Levine Children's Hospital 704-381-2000	<input type="checkbox"/> Novant Health (Uptown) 704-384-4000	<input type="checkbox"/> Novant Health (Matthews) 704-384-6500
Insurance Carrier:			Policy #	

GENERAL INFORMATION	TOILET HABITS
Is your child potty trained? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Working On it	Can your child be relied on to indicate their bathroom wishes? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Children entering the 3's program MUST be toilet-trained</p> <p>PLEASE NOTE-If 2 accidents happen in 1 week you will be asked to put your child in pull-ups, pull-ups will not be changed in the 3's.</p>	
<p>EATING HABITS-Children are expected to be INDEPENDENT eaters in all classes.</p> <p>Does your child have any food restrictions based on religious reason? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:</p>	
LANGUAGE	
Is English your child's first language? <input type="checkbox"/> Yes <input type="checkbox"/> No, what is your child's first language? _____	
Is English spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From the list below, please check the traits that best describe your child's personality					
<input type="checkbox"/> Spirited	<input type="checkbox"/> Stubborn	<input type="checkbox"/> Lively	<input type="checkbox"/> Calm	<input type="checkbox"/> Shy	<input type="checkbox"/> Impetuous
<input type="checkbox"/> Dramatic	<input type="checkbox"/> Assertive	<input type="checkbox"/> Willful	<input type="checkbox"/> Diligent	<input type="checkbox"/> Fragile	<input type="checkbox"/> Confident
<input type="checkbox"/> Compliant	<input type="checkbox"/> Intense	<input type="checkbox"/> Jovial	<input type="checkbox"/> Independent	<input type="checkbox"/> Cautious	<input type="checkbox"/> Congenial
<input type="checkbox"/> Observant	<input type="checkbox"/> Easy Going	<input type="checkbox"/> Talkative	<input type="checkbox"/> Perfectionist	<input type="checkbox"/> Impulsive	

INTELLIGENCE & PSYCHOLOGICAL ASSESSMENTS: THREES AND FOURS ONLY	
Although LSLP does not require testing as a part of our admission process, we encourage parents to share any previous assessments with this application to help us better understand your child and to assess if our program meets your child's emotional/social, academic, and physical needs.	
<input type="checkbox"/> Yes	Is this your child's first Preschool experience?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Has your child been professionally assessed to learning differences, behavior problems, or any psychological conditions, such as anxiety? If yes, please explain:
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Has your child been professionally assessed for accelerated learning or advanced intellectual capacities?
<input type="checkbox"/> No	If yes, please explain:
<input type="checkbox"/> Yes	May we have permission to consult with appropriate professional resources concerning the above challenges or assessments? Please include copies of the assessment with this application.
<input type="checkbox"/> No	
Name:	Email: Phone:
<input type="checkbox"/> Yes	Has your child been expelled or had serious disciplinary difficulty in another preschool or daycare center?
<input type="checkbox"/> No	If yes, please explain:

LSLP POLICIES AND PROCEDURES

The policies and procedures of Living Saviour Lutheran Preschool (LSLP) are detailed in the **LSLP Parent Handbook**. Please check each box below to denote that you have read, understood, and will abide by all LSLP policies and procedures.

I have received and read the LSLP Parent Handbook and COVID-Policies and Procedures

DISCIPLINE & BEHAVIOUR MANAGEMENT

I HAVE READ AND UNDERSTAND the LSLP Discipline & Behavior Management procedures in the Parent Handbook.

WELLNESS POLICY

I HAVE READ AND UNDERSTAND the LSLP Wellness Policy in the Parent Handbook.

PICK-UP AUTHORIZATION POLICY

I HAVE READ AND UNDERSTAND the PICK-UP AUTHORIZATION POLICY in the Parent Handbook.

FINANCIAL AGREEMENT

I HAVE READ AND UNDERSTAND the LSLP Financial Agreement in the Parent Handbook.

PRESCHOOL PARTICIPANT WAIVER

I HAVE READ AND UNDERSTAND the PRESCHOOL PARTICIPANT WAIVER Policy in the Parent Handbook.

BITE POLICY

I HAVE READ AND UNDERSTAND the BITE Policy in the Parent Handbook.

REQUIRED MEDICAL FORMS

I HAVE READ AND UNDERSTAND the REQUIRED MEDICAL FORMS Policy in the Parent Handbook.

REENROLLMENT POLICY

I HAVE READ AND UNDERSTAND the REENROLLMENT POLICY in the Parent Handbook.

DIRECTOR DISCRETION REGARDING CONTINUED ENROLLMENT

I HAVE READ AND UNDERSTAND the DIRECTOR DISCRETION REGARDING CONTINUED ENROLLMENT in the Parent Handbook.

PHOTO RELEASE

I give permission for LSLP, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting the children's programs.

Child's Name

Parent's Signature

Date

CONTRACT OF ENROLLMENT

2025-2026 SCHOOL YEAR

This agreement is part of the application process. Signing it does NOT guarantee admission or continued enrollment in the program.

1. The Enrollment Fee is to be **paid at the time of application for enrollment**. Your child's application will not be processed unless this fee has been paid. The Enrollment Fee is **NOT credited toward tuition** and is **non-refundable**. Please make checks payable to LSLP.
 - *\$150 per child, no sibling discounts for enrollment fee.
 - Enrollment fee is waived for members of LSLC.
2. Payments can be in form of a personal check, money order or cashier's check. We also except Debit/Credit card payments, there is a 2.8% processing fee.
3. Students are expected to be enrolled for the entire school year. Preschool tuition is quoted on a per month payment schedule.
 - Should you need to withdraw your student for any reason during the school year, **written notice to the Director is required at least 30 days prior to the withdraw date**. You are responsible for tuition 30 days beyond the date the director receives the notification, regardless of the child's last day in attendance.
 - If you choose to withdraw your child during the school year and plan to re-enroll him/her at a later date within the same school year, there will be a \$75 re-enrollment fee. We do not guarantee or hold space for re-enrollment.
4. Sick Days/Holidays/Vacation/Inclement Weather Days/Unexpected Closures: Tuition for program is based on annual enrollment, NOT the number of days a student attends each month. No reductions or credits are given for days missed for any reason, including but not limited to absence, illness, holidays, vacations, weather, closures, or emergencies.
5. LSLP is not financially responsible for damages to or loss of any personal property.
6. All charges shall be due and payable in accordance with the Financial Agreement in the Parent Handbook without regard to absence. There will be a \$25 late fee automatically applied to accounts 10 days past due. Accounts with an outstanding balance 15 days past due are considered delinquent and students will not be allowed to attend.

I understand that Preschool is a traditional school-year program and that tuition consists of 9 monthly payments which are DUE on the 15th day of each month, August-April.

Financial Obligation:(NON-REFUNDABLE, DUE NOW) Enrollment Fee: \$150 and Activity Fee \$50 Curriculum Fee (4's only) \$100

Monthly Tuition: \$ _____ (SEPTEMBER TUITION DUE AUGUST 15, 2025)

I agree that:

- A. The financial agreement and associated terms of payment have been fully disclosed.
- B. Failure to fulfill the attached agreement or make payments when due will constitute default. Any fees incurred by the school in the collection of amounts due will be the responsibility of the parents or guardian responsible for submitting this Contract of Enrollment.

I, the undersigning parent or guardian of _____ (Child's full name), do hereby state that I have read and understand the LSLP Parent Handbook, including the policies, procedures, regulations, and guidelines therein and will abide by them.

Parent's Signature

Date