Deposit Amount : _____ Deposit Type: _____

2025-2026

Our Savior Lutheran Preschool

56 Meadows Drive, Pagosa Springs, CO 81147

(970)-731-3512 or (970) 731-4668

Application for Enrollment

*Please complete this application and return it with the application fee of $120.00 to the Preschool Director.
*A completed **Colorado Immunization Certificate** must be on file before consideration of acceptance can be given.

Application Date:_____ **Classroom**:_____

FULL NAME OF STUDENT_____
Last First Middle

Sex: **Male** **Female**
Returning Student_____ **Number of Days of Enrollment** **Full Day:**_____
New Student_____ M____T____W___TH___F___ **Half Day**:_____
Age of Student_____

Family Home Phone **Student Mailing Address**

_____ _____
Address/Street or P.O. BOX Apt. #

Students Birth Date

_____ _____
Month Date Year City State Zip

May we publish your name, address, phone number and email address in the school directory?
Yes _____ No_____

Student Physical Address (If different from above)

_____
Address/Street

_____
City State Zip

Billing Address (If different from above):

_____ _____ _____
Name of Individual to be billed Relationship to Student Daytime Phone Number

_____ _____
Mailing Address City State Zip Code Home Phone Number

Student Lives With*(circle all that apply):

Father Stepfather Grandfather Guardian
Mr. Dr. _____
Work Phone: _____/_____ext._____
Cell Phone: _____/_____
E-mail: _____

_____
Employer Occupation

Mother Stepfather Grandmother Guardian
Mrs. Ms. Dr. _____
Work Phone: _____/_____ext._____
Cell Phone: _____/_____
E-mail: _____

_____
Employer Occupation

FORM CONTINUED ON THE REVERSE SIDE

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*This section is for parents/stepparents/guardians with whom the student is ***presently living.*** Caregivers (other than the student's biological parents) must provide a copy of the most recent court decree regarding this child.

Student's Brothers and Sisters:

Name: _____Birthdate____/____/____ School: _____Grade_____

Name: _____Birthdate____/____/____ School: _____Grade_____

Required Emergency Information:

Emergency Contact Name: _____ Phone:_____

Please do not list the Student's home#

Alternate Contact Name: _____ Phone: _____

Please do not list the Student's home#

Doctor: _____Phone: _____Dentist: _____Phone: _____

Authorized to pick up student: _____ Phone: _____

Authorized to pick up student: _____ Phone: _____

Family Church Membership:

Name of Church: _____Is the student baptized: _____yes_____no

_____We are not members of a church and would welcome a call from the pastoral staff of Our Savior Lutheran Church.

Last School Attended (including preschool or kindergarten):

Name of School: _____ Phone: _____

Address: _____ Reason for leaving: _____

Address City State Zip

General Information:

Special Medications: _____

Doctor involved: _____Phone: _____/_____

Does this student suffer from: **epilepsy:_____asthma:_____diabetes:_____**

Any other conditions that might pose an emergency at school (Please explain_____)

Are this student's immunizations up to date? Yes_____ No_____

(Colorado State Law requires an up-to-date copy of the student's immunization record to be on file in the school.)

Has this student experienced any disciplinary behavior problems, school suspensions, grade retention, double promotions, etc.? If yes, please explain: _____

Our Savior Lutheran School does not discriminate based on gender, race, color, or national origin in the administration of our educational policies, employment practices, admission policies, administrative policies, financial aid, athletics, or other school-administrated programs.

Contractual Agreement: Your signature below indicates that you agree to fulfill all financial obligations. Tuition and fees will be paid as billed. Students' grades and other records will not be issued or released until all applicable tuition and fees are paid. In the event of withdrawal or dismissal, all fees are non-refundable, and tuition will be charged through the end of the month, and to abide by Our Savior Lutheran School guidelines and policies as outlined in the student-parent handbook.

Father's Signature_____ **Date:** _____

Mother's Signature_____ **Date:** _____

Guardian Signature_____ **Date:** _____