

Deposit Amount : _____ Deposit Type: _____

2024-2025



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

Mother Stepfather Grandmother Guardian

Mr. Dr. _____

Mrs. Ms. Dr. _____

Work Phone: _____/_____ ext. _____

Work Phone: _____/_____ ext. _____

Cell Phone: _____/_____

Cell Phone: _____/_____

E-mail: _____

E-mail: _____

Employer

Occupation

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: _____