# Our Savior Preschool and Child Care

239 Graham Road South Windsor, CT 06074 860-644-6458

www.oursaviorct.org

OSPCC.CT@gmail.com

CHILD CARE 2024-2025 *For Office use only	
Registration Fee: Date Rec'd: Check # Cash First week tuition payment Date Check # Che	
Starting Date: * 43 weeks = * 45	

# 2024-2025 FULL DAY PRESCHOOL REGISTRATION FORM

(One form per child.)

Welcome to OSPCC! To register your child, please return this completed form to OSPCC with a non-refundable registration fee of \$70.00 per family or \$50.00 for early registration through January 31st, 2024. When your registration form and fee are received, you will be contacted by the Director regarding the enrollment process.

retrement Address  City State Zip  Female delphone Number Date of Birth Male Female delphone Number Date of Birth Male Female delphone Number School Future School School/Future School anguage your child is most comfortable speaking.  Coes your child have health insurance? With Whom:  Lealth concerns, allergies, existing conditions, regular medications taken,  Church Name: Catholic Other: Denomination Looking for a church home No church affiliation Looking for a church home PARENT/GUARDIAN/FAMILY INFORMATION  Name Relationship  Street Address E-Mail address  City State Zip  Home Telephone Cell Phone Business Telephone  Company Occupation/Title  Work Address  Street Address E-Mail address  City State Zip  Home Telephone Cell Phone Business Telephone  Company Occupation/Title  Work Address E-Mail address  Street Address E-Mail address  City State Zip  Home Telephone Cell Phone Business Telephone  Company Occupation/Title  Work Address E-Mail address  Street Address E-Mail address  City State Zip  Home Telephone Relationship  Street Address E-Mail address  City State Zip  Home Telephone State Zip  Home Telephone Cell Phone Business Telephone  Company Occupation/Title  Work Address  Are parents: Married: Divorced: Separated: Single Parent: With whom does the applicant reside?	2024-2025 PROGRAM: Infant_	Toddler	oddler Full-Day 3 Yr. Preschool			Full-Day 4 Yr. Preschool	
Name	*MINIMUM 2 Day Enrollment*	Monday	Tuesday	Wednesday	Thursday	_ Friday	
State   Zip   Female   Pemale   Pemale   Pemale   Pemale   Relationship   Pemale   Pemale	STUDENT INFORMATION Full Name			Preferred N	ame		
Anguage your child is most comfortable speaking.  Does your child have health insurance?   With Whom:	City		State		Zin		
Anguage your child is most comfortable speaking.  Does your child have health insurance?   With Whom:	Telephone Number		Date of Birth		Male	Female	
Anguage your child is most comfortable speaking.  Does your child have health insurance?   With Whom:	Age by 9/1/24 (Years: Mo	onths: ) (	 Grade entering	Schoo	ol/Future School	 [	
Does your child have health insurance? With Whom: Health concerns, allergies, existing conditions, regular medications taken, Health concerns, allergies, existing conditions, regular medications taken,  RELIGION Autheran							
RELIGION .utheran Catholic Other: Denomination Church Name: No church affiliation Looking for a church home PARENT/GUARDIAN/FAMILY INFORMATION Name Relationship Street Address City State Zip Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address City State Zip Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address Street Address City State Zip Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address Street Address City State Zip Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address Are parents: Married: Divorced: Separated: Single Parent: With whom does the applicant reside? Name School Grade/Age							
RELIGION Lutheran Catholic Other: Denomination Looking for a church home Church Name: No church affiliation Looking for a church home PARENT/GUARDIAN/FAMILY INFORMATION Name Relationship Street Address E-Mail address City State Zip Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address Name Relationship Street Address E-Mail address City State Zip Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address Vare Telephone Cell Phone Business Telephone Company Occupation/Title Work Address Are parents: Married: Divorced: Separated: Single Parent: With whom does the applicant reside? Name School Grade/Age	Health concerns, allergies, existing	conditions, regula	ar medications ta	aken,			
Street Address	Lutheran Catholic Church Name: PARENT/GUARDIAN/FAMILY	N	o church affiliat N	ion Lo			
Company Occupation/Title  Work Address  Name Relationship  Street Address E-Mail address City State Zip  Home Telephone Cell Phone Business Telephone Company Occupation/Title  Work Address Are parents: Married: Divorced: Separated: Single Parent:  With whom does the applicant reside?  Names of other children  Name School Grade/Age	Street Address		E-Ma	ail address			
Company Occupation/Title  Work Address  Name Relationship  Street Address E-Mail address City State Zip  Home Telephone Cell Phone Business Telephone Company Occupation/Title  Work Address Are parents: Married: Divorced: Separated: Single Parent:  With whom does the applicant reside?  Names of other children  Name School Grade/Age	City		State		Zip		
Street Address E-Mail address City State Zip Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address Are parents: Married: Divorced: Separated: Single Parent: With whom does the applicant reside? Names of other children Name School Grade/Age	Company		Occupation	/Title			
Street Address City State Zip  Home Telephone Cell Phone Business Telephone Company Occupation/Title Work Address  Are parents: Married: Divorced: Separated: Single Parent: With whom does the applicant reside?  Names of other children Name School Grade/Age							
Home Telephone Cell Phone Business Telephone Company Occupation/Title  Work Address  Are parents: Married: Divorced: Separated: Single Parent:  With whom does the applicant reside?  Names of other children  Name School Grade/Age	Street Address		E-Ma	il address			
Home Telephone Cell Phone Business Telephone Company Occupation/Title  Work Address  Are parents: Married: Divorced: Separated: Single Parent:  With whom does the applicant reside?  Names of other children  Name School Grade/Age	City		State		Zip		
Are parents: Married: Divorced: Separated: Single Parent:  With whom does the applicant reside?	Home Telephone Company	Cell Phone_	Occupation	Busin	ess Telephone		
Names of other children         School         Grade/Age           Name         School         Grade/Age           Name         School         Grade/Age           Name         School         Grade/Age           How did you hear about OSPCC?         Grade/Age				parated:	Single Pare	ent:	
Names of other children         School         Grade/Age           Name         School         Grade/Age           Name         School         Grade/Age           Name         School         Grade/Age							
Name         School         Grade/Age           Name         School         Grade/Age           Name         School         Grade/Age           How did you hear about OSPCC?         Grade/Age	Names of other children						
Name School Grade/Age Name School Grade/Age How did you hear about OSPCC?			School		Grade/Ag	ge	
Name School Grade/Age How did you hear about OSPCC?	Name		School		Grade/Ag	ge	
How did you hear about OSPCC?	Name		School		Grade/Ag	ge	
Other comments or concerns							
	Other comments or concerns						

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#### PART DAY PRESCHOOL 2024-2025 \*For Office use only

Cash

Registration Fee: Date Rec'd:\_\_\_\_ Check #\_\_ Check # Date First Month's Tuition payment \_\_\_\_\_

Starting Date:

Monthly rate \_\_\_\_\_\*9.5 mo. = \_

# 2024-2025 PART DAY PRESCHOOL REGISTRATION FORM

(One form per child.)

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2024-2025 PROGRAM:	(Please Circle One)	Bear Cubs (T/Th 3 Yr, Old)	) Galloping Giraffes (N	I/W/F 4 Yr. Old
STUDENT INFORMATI		<del></del>		
Full Name		Preferre	ed Name	
Permanent Address				
Citv		State	Zip	
Telephone Number Age by 9/1/24 (Years:		_ Date of Birth	Male	Female
Age by 9/1/24 (Years:	Months:) C	rade entering So	chool/Future School _	
Language your child is most				
Does your child have health i Health concerns, allergies, ex	nsurance?		With Whom:	
Health concerns, allergies, ex	sisting conditions, regul			
RELIGION			(1) 1 4 (0)	
Lutheran Catho	olic Other	: Denomination		
Lutheran Catho Church Name:	N	o church affiliation	Looking for a church	home
Name Street Address City Home Telephone Company	Cell Phone	E-mail address StateBu Occupation/Title	Zipziness Telephone	
Work Address				
Name		Relations	ship	
Street Address		E-mail address		
City		State	Zip	
Street Address City Home Telephone	Cell Phone	Bu	siness Telephone	
CompanyWork Address		Occupation/Title		
Are parents: Married:			Single Parer	nt:
With whom does the applic				
Names of other children				
Name		School	Grade/Age	<b>)</b>
Name		School		
Name				÷
How did you hear about Oo Other comments or concer				

<sup>&</sup>quot;Our Savior Preschool and Child Care admits students of any race, religion, national or ethnic origin."

# Our Savior Preschool and Child Care

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CHILD C	ARE 2024-2	2025 *For (	Office use only
Registration Fee: I First week tuition paymen		_ Check # Ch	Cash eck #
Starting Date: W	eekly rate	* 43	weeks =

# 2024-2025 SCHOOL AGE REGISTRATION FORM

(One form per child.)

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LEAP (SW	School Only PS vacation days)	After School Only_	BOTH Before & A Wacky Wednesdays	After School
*MINIMUM 2 Day Enrollment*	Monday Tu	esday Wednes	day Thursday	Friday
STUDENT INFORMATION Full Name		Pref	erred Name	
Permanent Address		Clarate	7:	
City	T) <sub>c</sub>	to of Birth	ZIP Male	Female
City Telephone Number Age by 9/1/24 (Years: Mon	ths: Grad	e entering	_ School/Future School	T Cinaic _
Language your child is most comfort	able speaking			
Does your child have health insurance Health concerns, allergies, existing c	ee? onditions, regular m	edications taken,	With Whom:	
RELIGION				
Lutheran Catholic	Other	Denomination		
Church Name:	No ch	urch affiliation	Looking for a churc	ch home
PARENT/GUARDIAN/FAMILY I Name Street Address City Home Telephone		RelatRelat	tionshipss	
City	C II N	State	Zip	
Company Work Address		Occupation/Title	Business Telephone	
Name			onship	
		E Moil address		
Street Address		E-iviali addites	o	
Street Address		State	Zip	
City Home Telephone	Cell Phone		Business Telephone	
Street Address City Home Telephone Company	Cell Phone	Occupation/Title	Business Telephone	
Street Address City Home Telephone Company Work Address	Cell Phone	Occupation/Title	Business Telephone	
Street Address City Home Telephone Company Work Address Are parents: Married:	Cell Phone	Occupation/TitleSeparated:	Single Pare	
Street Address City Home Telephone Company Work Address Are parents: Married: With whom does the applicant res	Cell Phone	Occupation/Title Separated:	Single Pare	nt:
Street Address City Home Telephone Company Work Address Are parents: Married: With whom does the applicant res Names of other children	Divorced:	Occupation/Title Separated: School	Single Pare	nt:
Street Address City Home Telephone Company Work Address Are parents: Married: With whom does the applicant res Names of other children Name	Divorced:	Separated:  School School	Single Pare  Grade/Age  Grade/Age	nt:
Street Address City Home Telephone Company Work Address Are parents: Married: With whom does the applicant res Names of other children	Divorced:	Separated:  School School	Single Pare	nt:
Street Address City Home Telephone Company Work Address Are parents: Married: With whom does the applicant res Names of other children Name Name	Divorced:	School School School	Single Pares  Grade/Age Grade/Age Grade/Age	nt:

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# Our Savior Preschool & Child Care

Schedule Effective August 26, 2024

PER FAMILY REGISTRATION FEE: \$70 for new families. \$50 for returning families who register between January 2<sup>nd</sup> and January 31<sup>st</sup>, 2024. \$50 for OSL families who register between January 15<sup>th</sup> and January 31<sup>st</sup>, 2024.

# **INFANT/TODDLER CHILD CARE PROGRAM**

Little Bunnies, Darling Ducklings, Teeny Turtles, Curious Caterpillars, Busy Butterflies open 7am-5:30pm

Attends 5 days/week

\$ 88.30/day

\$441.50/week

Attends less than 5 days/week \$ 95.00/day

### FULL DAY PRESCHOOL (CHILD CARE) PROGRAM

THREE YEAR OLD (Busy Bees) & FOUR YEAR OLD (Fabulous Frogs)

open 7am-6pm

Attends 5 days/week

\$ 73.95/day

\$369.75/week

Attends less than 5 days/week \$ 81.80/day

#### PART DAY PRESCHOOL

Bear Cubs (3-year-olds T & Th 9-11:30 a.m.): \$294.00/month Galloping Giraffes (4-year-olds M, W & F 9-1:00 p.m.): \$407.00/month

### SCHOOL AGE PROGRAM (GRADES K-5)

open 7 am and close at 6:00 pm

# \*BEFORE "AND" AFTER SCHOOL\*

Attends 5 days/week

\$ 27.30/day

\$136.50/week

Attends less than 5 days/week \$ 31.30/day

+Before School+

+After School+

Attends 5 days/week \$ 12.75/day

Attends 5 days/week

\$19.40/day

\$63.75/week

\$97.00/week

Attends less than 5 days/week \$ 16.15/day

Attends less than 5 days/week \$22.25/day

# SCHOOL AGE VACATION WEEKS & DAYS OFF FROM SCHOOL

"LEAP" (Let's Enjoy A day/week of Play)

Attends 5 days/week

\$ 69.50/day

\$347.50/week

Attends less than 5 days/week \$77.75/day

# WACKY WEDNESDAYS! (EARLY RELEASE WEDNESDAYS)

This program is for School Age children based on the 27 early dismissal days listed on the SWPS Calendar. (\$32.50/day)

The 14 Fall Early Release Wednesdays at the rate of \$455.00 is due on 08/28/24. The 13 Spring Early Release Wednesdays at the rate of \$422.50 is due by 03/03/25.

# **Our Savior Preschool & Child Care**

#### 239 Graham Road

## South Windsor, CT 06074

Phone: (860) 644-6458 Fax: (860) 644-9068 Email: ospec.ct@gmail.com Website: www.oursavioret.org

Hours of Operation: Infant/Toddler 7:00 a.m. - 5:30 p.m.

Preschool/School Age: 7:00 a.m. - 6:00 p.m.

## ADDITIONAL NOTES CONCERNING RATES

#### RATES:

- Part Day Preschool payments (9 ½ months) are due the first school day of each month.
- Childcare payments (43 weeks) are due each Monday. By-weekly or monthly options are available if you prefer.
- Tuition payments and records are located on the Lillio (HiMama) website.
- Nonpayment of tuition is reason for dismissal.
- Additional increases may be necessary for the 2024-2025 school year. (No earlier than Jan. 1, 2025)
- Summer camp is 7 weeks. A separate registration form and contract must be completed for this program.

### **DISCOUNTS:**

- Families who have more than one child in our program will receive a 10% discount off the lowest fee.
- Non-member clergy families receive a 10% discount.
- Members of Our Savior Lutheran Church receive a 15% discount. If you have multiple children, we will take 15% off the lower rate(s).
- If a child is out sick for an extended period of 6 or more consecutive days, a doctor's note will be required to return to the program. This is the only time parents will be given credit for absences. A credit of half of the days missed will be given.
- To register your child, please return the completed Registration form to OSPCC with a non-refundable registration fee of \$70.00 per family or \$50.00 returning family if registered by January 31, 2024. Registration fees are payable by check or cash only.
- Additional field trip and in-house presentation fees may be part of the curriculum.

#### LATE FEES:

- Any payment received following the due date is subject to a \$20.00 per week late fee.
- A \$20.00 fee will be charged in the event that a payment is declined.
- Parents who are late in picking up their child will be charged a late fee of \$1.00 per minute, per child. (See Parent Handbook for details.)

### WITHDRAWAL:

- Parents are required to give at least a two-week notice before withdrawing a child from the center.
- At the time in which the office receives written notice to withdraw from OSPCC you will be responsible for paying tuition for the two weeks following notification.

# Make checks payable to OSPCC.