



APPLICATION FOR ENROLLMENT

2018-19

8001 NW 5th Street, Plantation 33324
954-370-2161

Entering
Grade Level

ELEM. & M.S.

License #45200

Student's Name: _____ Male Female

Birth Date _____

Child's Primary Address: Both Parents Father Mother Other _____

Street City Zip

 Father Mother Other _____ Home # _____

Name _____ Cellular # _____ Authorize Text Yes No

E-mail _____ Cellular Service Provider _____

Employer/Occupation _____ Work # _____

 Father Mother Other _____ Home # _____

Name _____ Cellular # _____ Authorize Text Yes No

E-mail _____ Cellular Service Provider _____

Employer/Occupation _____ Work # _____

Secondary Address

Father Mother Other _____ Home # _____

Name _____ Cellular # _____ Authorize Text Yes No

Street _____ Cellular Service Provider _____

City Zip E-mail _____

Employer/Occupation _____ Work # _____

Family Information: Married Separated Never Married Divorced
 Deceased (Father) Date _____ Deceased (Mother) Date _____

Ethnic Group: American Indian Asian Black Hispanic Caucasian Other

Primary language spoken at home: _____

Sibling's Name _____ School Attending _____ Grade/Age _____

Sibling's Name _____ School Attending _____ Grade/Age _____

Church Home _____ Pastor's Name _____

Religion/Denomination _____ Child Baptized Yes, Date _____ No

Are you interested in

Learning about the Lutheran Church? _____ A call by the pastor? _____ Having a family member baptized? _____

New Applicant Admissions Information

School last attended _____

Address _____

Telephone Number _____ Reason for leaving _____

How did you hear about Our Savior Lutheran School? _____

Did a current school family recommend our school? Yes No If so, who? _____

Was your child enrolled in VPK last year: Yes No

Has your child ever experienced:

Accelerated or advanced class? Yes No

Grade retention? Yes No

Behavior issues? Yes No

Been suspended or expelled from school? Yes No

If yes to any of the above, please explain: _____

Are there any concerns that pertain to your child?

Speech Yes No

Reading Yes No

Math Yes No

Emotion or Psychological needs, past or present Yes No

Current IEP or 504 Plan Yes No

If yes, please explain and provide appropriate documentation: _____

Photo/Video Permission – ALL APPLICANTS COMPLETE (PLEASE CHECK ONE):

Full

I hereby grant permission to have my child’s image included in any print or electronic publication created or approved by Our Savior Lutheran Church & School.

Partial

I hereby grant permission to have my child’s image included in DVDs made for school families and school yearbook pages. Please do not post any image of my child on the school’s website and Facebook page with the exception of photos or videos taken during extracurricular sports and performance activities (ensemble, drama, bells, etc.) in which my child is enrolled.

Contact Permission: Yes No

Please include my child’s name, address, and telephone number on the class list, which is available on-line for each family in the school.

We have read and understand the policies and procedures concerning tuition and registration fees at Our Savior Lutheran School, and we agree to abide by said rules. We understand that the registration fees are non-refundable and non-transferable under any circumstances. We hereby acknowledge that all information pertaining to this application is true, correct and complete.

The decision to accept the enrollment application of your child is, in part, based on the complete and accurate information you provide. Any errors or omission may result in an immediate change in your child’s enrollment status.

Father/Guardian

Date

Mother/Guardian

Date

2018-19 Financial Policies

Payment Plans

Payment Plans	Due Date	Automatic Withdrawal	Cash	Check (including web pay)	Credit or Debit (incl. web pay)
10 month August - May	Unless automatic withdrawal, 1 st of month; late after the 10 th	yes	yes	yes	yes
11 month August - June	Flexible - you choose date, 1 st – 28 th	yes	no	no	no
12 month July - June		yes	no	no	no

Payment Information

- If paying in cash, be sure to personally receive a signed receipt. We are not responsible for any cash left in the office without getting a receipt.
- When paying by check, your canceled check is your receipt.
- For automatic withdrawal, the authorization form must be on file.
- Payments are accepted online at : osplantation.school

Tuition Late Payment Fee:

- \$30.00 after the 10th of the month (does not apply to automatic withdrawal payments)
- **If the 10th of the month falls on a holiday or weekend, payment must be in the school office or paid online the Friday before the 10th.** If there are extenuating circumstances that prevent payment being made on time, it is the family's responsibility to contact School Administration to make special arrangements for carrying out these financial responsibilities. In the event an account is behind for two (2) months or more, the account will be referred to the School Board for further action. Failure to keep any account current could result in the termination of a student's enrollment.

Fees for Returned Payments

- \$25.00
- If the school receives 2 returned checks or 2 reversals of automatic pr web payments per family, all future payments for the remainder of the school year must be paid in cash or money order.

Records

- Records will not be released if accounts are not current (tuition, late fees, NSF fees, childcare charges, tardy fees, charges for damaged books, and any other charges).

Absence/Withdrawal

- Tuition for the entire month is due whether or not your child is in attendance.
- Two weeks' advance notification in writing is required when withdrawing a student.
- For tuition purposes, students attending school during any portion of a month will be considered as having attended the full month.

Tardy Fees / K-8th Grade -- per Quarter

- \$10 for any unexcused tardy after the first two in that quarter. For details, see Family Handbook

Re-Enrollment

- If an outstanding balance exists at the close of the 2017-2018 school year, any or all prepayments for the 2018-2019 school year will be applied to that balance.

Should an account not be paid, the debtor assumes all costs of collection, including, but not limited to court costs, interest and legal fees.

Extended School Care

- Students will not be charged aftercare during school sponsored sports or clubs, tutoring or lessons, or third party sponsored clubs that start by 3:15 as long as the student is picked up from the lesson/activity on time and does not return to aftercare.
- Some aftercare activities may require an additional fee for supplies. Participation is voluntary.
If you have any questions in regards to any after school activity and fee, you may call the school office.
- When signing out your child, if the sign out time is left blank, the full day's extended care rate will be charged.
- Students who are picked up later than 6:00 p.m. twice will be suspended from extended care for 5 days. If a child is picked up late again, suspension is for 10 days. To re-enter the program, students will have to pay a registration fee of \$50.00 before they will be allowed to use extended care services again.
- Payments are due weekly. If your account goes over \$90.00, or is more than four weeks past due, your child could be suspended from extended care until payment is received in full. There will be a finance charge of 15% on all bills that are not paid within 30 days. These finance charges will be included on your weekly statement. For a complete delineation of finances, please check your account on FastDirect.

According to Broward County Child Care Facility Ordinance – 2004-2, Section 7-8.10, it states that – In the event a child is not picked up by an authorized person within one (1) hour after the scheduled closing time, the child care facility, unless other arrangements have been made in advance or the facility elects to remain open for a late pick-up, the facility shall immediately notify the Broward County Sheriff's Abuse Investigation Unit and the local Police Department or the Broward County Sheriff's Office so that the child can be picked up and the incident documented.

Mother/Guardian Signature Date

Father/Guardian Signature Date

Our Savior Lutheran School admits students of any race, color, sex, or national origin. It does not discriminate in administration of its educational policies, admissions policies, scholarship program, and athletic and other school-administered programs.

AUTHORIZATION FORM

For Automatic Withdrawal Payments



School/Organization Name: Our Savior Lutheran School

FOR OFFICE USE ONLY	STUDENT #:	DATE:
Effective date of authorization: ____/____/____ Name of student: _____		
Type of Authorization Form: <input type="checkbox"/> <i>New Authorization</i> <input type="checkbox"/> <i>Change banking information</i> <input type="checkbox"/> Change payment amount <input type="checkbox"/> Discontinue electronic payment <input type="checkbox"/> Change payment date		
Last Name		<i>First Name</i>
Address		
City		State Zip
Email		
TUITION PAYMENT PLAN (please check one): <input type="checkbox"/> 10 Month Plan (Aug. through May) <input type="checkbox"/> 11 Month Plan (Aug. through June) <input type="checkbox"/> 12 Month Plan (July through June)		
Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Payment frequency: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above. Signature (as it appears on the card): _____ Date: _____	

If using a checking account, please attach a voided check over the credit/debit card section above.

**Parents Active in Christian Education
PACE
License #45200**

The purpose of PACE is to have every family serve at Our Savior Lutheran School in some way proportionate to their gifts. All families in our preschool, elementary and middle grades are responsible for fulfilling this requirement by serving a minimum of 20 hours per school year. Families receiving OSL scholarships are expected to log a minimum of 40 hours of service time.

Each year families will be given the opportunity to list areas where they can be of service. Our Savior will make every effort to inform parents when assistance is needed; however, parents are encouraged to use their talents where they see the need, even if no request is made.

PACE hours are valued at \$10.00 per hour with a \$200.00 deposit paid in advance (half -day VPK families are not required to pre-pay the deposit; however, are still required to serve 20 hours). If ½ of the required hours are completed by Christmas break, \$100.00 will be credited toward any outstanding balance due in January. Reimbursement for any amount less than ½ of the required hours will not be made in January. All remaining PACE hours completed by April 30th will be credited toward any outstanding balance in May. If a family has no outstanding balances due, the January and May reimbursements will be issued as checks, **upon request**, instead of account credits, or may be rolled over for the next year's PACE deposit. Any hours completed between May 1st and the last day of school will be reimbursed by June 30th. All PACE hours for the school year must be completed by the last day of school. PACE hours cannot be carried over from one school year to the next year.

In the case of scholarship recipients, family accounts will not be credited PACE dollars until the first 20 hours have been completed. After that, accounts will be credited \$10.00 for each service hour completed up to the \$200 advance deposit and be eligible for reimbursements, account credits or rollovers as described above.

PACE dollars will not be refunded if any account is past due.

Examples of how hours can be earned:

- Fundraising – Gift Catalogs & Cookie Dough Sales. (1 credit hour for every \$50.00 sold. Fund-raisers cannot be combined for credit hours. No partial credit is given.)
- Special Events (Thanksgiving Feast, Field Day, National Lutheran Schools Week)
- Church & School Work Days (designated Saturdays 9:00 AM - Noon)
- Professional Services
- Classroom help (credit is not given for birthday parties)
- Office help
- Golf Tournament

It is the responsibility of the parent to sign in at the office and record their service time. The school cannot give you credit for PACE hours if we have no record of it.

Classroom teachers and school staff have the forms to complete when hours are served at home. When on campus, even for pre-registered jobs, parents must sign in and out on that day in the school office. Parents can check their hours by calling the office or logging on to FastDirect. Adult family members, 18 and over, may earn hours for their family. Students may not earn PACE hours.

PACE hours cannot be applied or transferred to another school family.

I will do everything I can to fulfill my service requirement at Our Savior Lutheran School.

PARENT'S SIGNATURE _____

STUDENT NAME(S) _____

GRADE(S) _____

Permission for Health Care/Insurance Information

Child's Name _____ **Date** _____
Child's Physician _____ Phone _____
Address _____
Child's Dentist _____ Phone _____
Address _____

Our Savior Lutheran School does not carry individual student insurance to cover accidents that occur during school hours; therefore, you are advised to carry your own medical and dental insurance. You are responsible for paying your own medical/dental bills, including insurance co-payments for any student injuries resulting from accidents that occur during school hours.

_____ My child is covered by twenty-four (24) hour student accident insurance or family insurance.
Insurance Company _____
Policy Number _____ or I have
attached a photocopy of my family insurance I.D. card.
OR
_____ I do not have insurance; however, I will pay any and all medical bills for emergency care of my child.

AUTHORIZED ADULTS – Please indicate your name and phone number where you and another authorized person can be reached in the event of an emergency.

Father's Name _____ Phone _____
Mother's Name _____ Phone _____
Another Authorized Person _____ Phone _____
Address _____

EMERGENCY CARE – In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature/Date

FIRST AID – In the event of an emergency, I authorize the staff to provide the following care. Minor cuts will be cleaned with soap and water. A band-aid will be applied if necessary. An ice pack will be applied to minor bumps. A baking soda and water mixture will be applied to insect bites.

Signature/Date

HEALTH RECORD TRANSFER – In the event of any emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Signature/Date



VOLUNTEER ACKNOWLEDGMENT

I attest my name is _____ and
(print volunteer/foster grandparent name)

serve in the child care program known as Our Savior Lutheran School
(print name of child care program)

I serve as a (check one)

- Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.
- Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(l), rule 65C-22.008(4)(a)7, or rule 65C-20.009(1)(a) Florida Administrative Code

I attest that I have read and that I understand the foregoing.

Volunteer/Foster Grandparent Signature

Date

To Be Completed by the Owner/Operator/Director

I attest my name is Linda Root, and I
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

Linda Root

Owner /Operator /Director Signature

Date

OUR SAVIOR LUTHERAN SCHOOL

License #45200

Emergency Information 2018 - 2019



Student Name: _____ Male Female
(Last) (First)

Date of Birth: _____ Grade/Class: _____ Home Phone: _____

Address: _____
(Street) (City) (Zip)

Call First: Mother Father Other _____

Father: _____ Employer: _____ Work Phone: _____
Cell Phone: _____

Ms. Mrs.

Mother: _____ Employer: _____ Work Phone: _____
Cell Phone: _____

Other: _____ Employer: _____ Work Phone: _____
Cell Phone: _____

Student Cell Phone (middle school only): _____

Child's Doctor: _____ Phone: _____

In the event 911 is called and an ambulance takes your child to a hospital, which hospital would you choose if a choice is made available: _____

Please list the child's known allergies, special medical conditions (such as asthma or chronic illness) and continued medications. _____

If allergies, special medical conditions, and/or medications are listed, you must list detailed allergy reactions, remedies and instructions regarding the treatment that must be administered. **If applicable, a #5 Authorization for Medication form must be on file.** _____

If more space is needed, please continue on the back of this page.

Permitted to remove child: Mother: Yes No Father: Yes No
(If No is checked, a court order must be on file.)

IF PARENTS CANNOT BE CONTACTED, THE PEOPLE LISTED BELOW CAN BE NOTIFIED AND ARE PERMITTED TO PICK UP CHILD

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Please update this information in the office as necessary throughout the year.

Parent Signature: _____ Date: _____



Our Savior Lutheran Church & School

License #45200

FastDirect Communications Fastdir.com/oursaviorplantation

Our Savior Lutheran School uses an on-line service called *Fast Direct Communications*. The FastDirect System will provide you with a convenient way of communicating with staff and accessing school information. Parents will have the ability to access:

- **Finances (tuition, extended care, etc.)**
- **The school and classroom calendars**
- **Student assignments, grades and report cards (K - 8)**
- **Teacher bulletin boards with current classroom information**
- **Student class lists (including parent data unless requested to be unlisted)**
- **Emails and communicate with teachers and the school office**
- **Family Handbook**
- **Registration forms**
- **Cafeteria lunch ordering**
- **Forms & Documents saved under Links**

After you have registered and we enter your data into the system, you will be given instructions on how to activate your account. **Please be sure to include your email address and cell phone service provider on your enrollment application.** Your cellular provider is necessary for any Fast Direct Emergency Broadcasts even if you did not authorize to receive text messaging on your enrollment application.

We request that every family utilize this system and log in on a regular basis to keep informed about important events. Most of the school communication with parents is done on Fast Direct. Please let us know if you do not have internet access.

If you have any questions, please call the school office at 954-370-2161.



Our Savior Lutheran Church & School
8001 NW 5 Street
Plantation, FL 33324

Florida Tax Credit Scholarship Program

Our Savior Lutheran School participates with Step Up For Students and the AAA Scholarship Foundation. Both organizations administer the Florida Tax Credit (FTC) Scholarship Program for low income students. The scholarship covers up to \$6,420.00 to be applied to the annual tuition. Families are responsible for tuition not covered by the scholarship and all other school fees.

You may qualify for the Step Up for Students or the AAA Scholarship if:

- Your child is entering Kindergarten through 12th grade.
- Your household income is at or below the amount shown on the income guidelines chart found on the Step Up for Students and AAA applications and websites.



We highly encourage renewal families to submit their applications early.

Applications for new families should be available in early March.

Please visit www.stepupforstudents.org/family or www.AAAScholarships.org



McKay Scholarship Program

Our Savior also accepts the McKay Scholarship for students in Kindergarten through 8th grade. To be eligible for the McKay Scholarship parents must apply prior to withdrawing from public school. The student must also have an Individual Education Plan (IEP) or a 504 accommodation plan. A meeting with our principal is required for all new students before registering in our school to determine if we can meet the needs of the student. Returning McKay students will be re-enrolled in the McKay Program as long as they have re-registered in our school. Families are responsible for tuition not covered by the scholarship and all other school fees.

Our Savior Lutheran School Scholarships

Our Savior Lutheran School is contracted with FACTS Management to electronically process our scholarship applications. **OSL scholarship applications will not be considered for families qualified for Step Up, AAA, or McKay Scholarships.** Returning families can connect to the FACTS scholarship application through a link on our Fast Direct Website: www.fastdir.com/oursaviorplantation. Families new to our school can access the application at www.factstuitionaid.com.

Benefits of FACTS Grant & Aid Assessment management:

- Convenience & Security: Parents supply all needed information online. All information submitted is confidential.
- Additional documentation such as Tax Returns will be requested directly by FACTS.
- FACTS accepts calls and e-mails directly from families.
- With FACTS, the school maintains decision-making control. We will be able to adjust to any special circumstances that may arise.
- FACTS provides the scholarship committee a concise income-based need assessment per applicant which enables the administration to remain focused on our educational goals.

In order to be considered for a scholarship, the student(s) must be registered and the non-refundable registration fee paid. To maintain a scholarship, students must attend school regularly and maintain at least a C average. Scholarship recipients are also required to log 40 PACE (service) hours per school year.

FACTS is only being used to **process** OSL scholarship applications. The actual funding is raised with our annual Swing for Scholars Golf Tournament. **For state awarded scholarships (Step Up, AAA, & McKay), please continue to apply directly to the respective organization.**

We thank you for your continued trust and your support of Our Savior Lutheran School.

PRESCHOOL ENROLLMENT FORMS

Please print and return

Application for Enrollment (2 pages)
Tuition/Fee Schedule
#1 Child Enrollment Information
Financial Policies (2 pages)
Simply Giving (Thrivent) – automatic tuition deduction
PACE
Preschool Policies
Permission for Health Care
Alternate Nutrition Plan
Food & Nutrition Standards Code
Swim Form (2 pages)
Volunteer Acknowledgement
Emergency Information Form
VPK Attendance Policy (2 pages) (VPK only)

Please return with application (or no later than August 3, 2018)

Certified copy of birth certificate
Health Exam – form HRS 3040
Immunization Record – form HRS 680
VPK Certificate of Eligibility

We accept applications for VPK students as of January 2018. All VPK certificates must be turned in to the school office as they become available to ensure a spot for your child. For information on how to obtain your voucher go to www.elcbroward.org

Please read

FastDirect Letter
Potty Training Policy
Know Your Childcare Facility (2 pages)
Influenza Virus Form (2 pages)

ELEMENTARY & MIDDLE (K-8) ENROLLMENT FORMS

Please print and return

Application for Enrollment (2 pages)
Tuition/Fee Schedule
Financial Policies (2 pages)
Simply Giving (Thrivent) – automatic tuition deduction
PACE
Permission for Health Care
Volunteer Acknowledgement
Emergency Information

Please return with student's application if new to our school

Certified copy of birth certificate
Health Exam – form HRS 3040 (due by August 3, 2018)
Immunization Record – form HRS 680 (due by August 3, 2018)
Copy of most recent report card
Standardized test scores
Copy of IEP if applicable

Please read

FastDirect Letter
Scholarship Programs

Note: Returning students in Kindergarten & 7th grade need updated immunization records. An updated health exam is due for all students every two years.