



Our Savior Lutheran School
Preschool-Grade 8

1500 San Simeon Way, Fenton, Missouri 63026

www.oursaviorlcs.org 636-343-7511

**Extended School Care
Enrollment Application
2017-2018**

Child #1 _____ Grade _____

Child #2 _____ Grade _____

Address: _____

City/State/Zip: _____

Parents' Names: _____

Mother's Work Phone: (_____) _____ Email _____

Father's Work Phone: (_____) _____ Email _____

Instructions: Please circle the preferred care option for your child. **Remit check payable to "Our Savior Lutheran School" with the Enrollment Form.**
Enrollment Fee: **\$35.00 per child; maximum of \$100 per family**

Family Name: _____

Child #1 Child's Name: _____ Grade: _____

Check Attendance Choice (Must check day attending)

Morning Only				
M	T	W	Th	F

Afternoon Only				
M	T	W	Th	F

Both AM & PM				
M	T	W	Th	F

Child #2 Child's Name: _____ Grade: _____

Check Attendance Choice (Must check day attending)

Morning Only				
M	T	W	Th	F

Afternoon Only				
M	T	W	Th	F

Both AM & PM				
M	T	W	Th	F

PARTY ASSUMING FINANCIAL RESPONSIBILITY FOR APPLICANT

We, the undersigned do hereby certify this information to be complete and factual, do hereby agree to fulfill all financial obligations, and agree to adhere to the policies and regulations as required by Our Savior Lutheran School.

Father's Signature **Date** **Mother's Signature** **Date**

ESC PARENT HANDBOOK SHEET

I have received and read the 2017-2018 Extended School Care Program Handbook and agree to the policies, procedures, and guidelines outlined therein.

Please sign and return with Enrollment Form

Parent's Signature

Date