

Our Savior Preschool and Child Care

239 Graham Road

South Windsor, CT 06074

860-644-6458 ospcc_director@oursaviorct.org

www.oursaviorct.org**CHILD CARE 2026-2027** *For Office use only

Registration Fee: _____ Date Rec'd: _____ Check # _____ Cash _____ Invoice _____

First week tuition payment _____ Date _____ Check # _____

Starting Date: _____ Weekly rate _____ * 43 weeks = _____

2026-2027 FULL DAY PRESCHOOL REGISTRATION FORM

(One form per child.)

Welcome to OSPCC! To register your child, please return the completed registration form to OSPCC along with a **non-refundable registration fee of \$70.00 per family**. For current, past, and OSL families, we are pleased to offer **Early Registration through January 30th, 2026**, at a reduced fee of **\$50.00 per family**. Once we receive both your registration form and fee, our Director will contact you to guide you through the next steps of the enrollment process.

2026-2027 PROGRAM: Infant _____ Toddler _____ Full-Day 3 Yr. Preschool _____ Full-Day 4 Yr. Preschool _____

MINIMUM 2 Day Enrollment

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

STUDENT INFORMATION

Full Name _____ Preferred Name _____

Permanent Address _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ Male _____ Female _____

Age by 9/1/26 (Years: _____ Months: _____) Grade entering _____ School/Future School _____

Language your child is most comfortable speaking. _____

Does your child have health insurance? _____ With Whom: _____

Health concerns, allergies, existing conditions, regular medications taken, _____

RELIGION

Lutheran _____ Catholic _____ Other: Denomination _____

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 _____

Are parents: Married: _____ Divorced: _____ Separated: _____ Single Parent: _____**With whom does the applicant reside?** _____**Names of other children**

Name _____ School _____ Grade/Age _____

Name _____ School _____ Grade/Age _____

Name _____ School _____ Grade/Age _____

How did you hear about OSPCC? _____**Other comments or concerns** _____

"Our Savior Preschool and Child Care admits students of any race, religion, national or ethnic origin."

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PART DAY PRESCHOOL 2026-2027 *For Office use only
Registration Fee: _____ Date Rec'd: _____ Check # _____ Cash _____ Invoice _____
First Month's Tuition payment _____ Date _____ Check # _____
Starting Date: _____ Monthly rate _____ *9.5 mo. = _____

2026-2027 PART DAY PRESCHOOL REGISTRATION FORM

(One form per child.)

Welcome to OSPCC! To register your child, please return the completed registration form to OSPCC along with a **non-refundable registration fee of \$70.00 per family**. For **current, past, and OSL families**, we are pleased to offer **Early Registration through January 30th, 2026**, at a reduced fee of **\$50.00 per family**. Once we receive both your registration form and fee, our Director will contact you to guide you through the next steps of the enrollment process.

2026-2027 PROGRAM: (Please Circle One) Bear Cubs (T/Th 3 Yr. Old) Galloping Giraffes (M/W/F 4 Yr. Old)

STUDENT INFORMATION

Full Name _____ Preferred Name _____
Permanent Address _____
City _____ State _____ Zip _____
Telephone Number _____ Date of Birth _____ Male _____ Female _____
Age by 9/1/26 (Years: _____ Months: _____) Grade entering _____ School/Future School _____
Language your child is most comfortable speaking. _____
Does your child have health insurance? _____ With Whom: _____
Health concerns, allergies, existing conditions, regular medications taken, _____

RELIGION

Lutheran _____ Catholic _____ Other: Denomination _____
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 _____

Are parents: Married: _____ Divorced: _____ Separated: _____ Single Parent: _____

With whom does the applicant reside? _____

Names of other children

Name _____	School _____	Grade/Age _____
Name _____	School _____	Grade/Age _____
Name _____	School _____	Grade/Age _____

How did you hear about OSPCC? _____

Other comments or concerns _____

"Our Savior Preschool and Child Care admits students of any race, religion, national or ethnic origin."

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Registration Fee: _____ Date Rec'd: _____ Check # _____ Cash _____ Invoice _____

First week tuition payment _____ Date _____ Check # _____

Starting Date: _____ Weekly rate _____ * 43 weeks = _____

2026-2027 SCHOOL AGE REGISTRATION FORM

(One form per child.)

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2026-2027 PROGRAM: Before School Only _____ After School Only _____ BOTH Before & After School _____
LEAP (SWPS vacation days) _____ Wacky Wednesdays _____

MINIMUM 2 Day Enrollment

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

STUDENT INFORMATION

Full Name _____ Preferred Name _____

Permanent Address _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ Male _____ Female _____

Age by 9/1/26 (Years: _____ Months: _____) Grade entering _____ School/Future School _____

Language your child is most comfortable speaking. _____

Does your child have health insurance? _____ With Whom: _____

Health concerns, allergies, existing conditions, regular medications taken, _____

RELIGION

Lutheran _____ Catholic _____ Other: Denomination _____

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 _____

Are parents: Married: _____ Divorced: _____ Separated: _____ Single Parent: _____**With whom does the applicant reside?** _____**Names of other children**

Name _____ School _____ Grade/Age _____

Name _____ School _____ Grade/Age _____

Name _____ School _____ Grade/Age _____

How did you hear about OSPCC? _____**Other comments or concerns** _____

"Our Savior Preschool and Child Care admits students of any race, religion, national or ethnic origin."

Our Savior Preschool & Child Care

Schedule Effective August 24, 2026

PER FAMILY REGISTRATION FEE: \$70 for new families. \$50 for returning families who register between January 2nd and January 30th, 2026. \$50 for OSL families who register between January 19th and January 30th, 2026.

INFANT/TODDLER CHILD CARE PROGRAM

Little Bunnies, Darling Ducklings, Teeny Turtles, Curious Caterpillars, Busy Butterflies open 7am-5:30pm
Attends 5 days/week \$ 97.70/day
\$488.50/week
Attends less than 5 days/week \$ 105.10/day

FULL DAY PRESCHOOL (CHILD CARE) PROGRAM

THREE YEAR OLD (Busy Bees) & FOUR YEAR OLD (Fabulous Frogs) open 7am-6pm
Attends 5 days/week \$ 82.76/day
\$413.80/week
Attends less than 5 days/week \$ 91.55/day

PART DAY PRESCHOOL

Bear Cubs (3-year-olds T & Th 9-11:30 a.m.): \$329.00/month
Galloping Giraffes (4-year-olds M, W & F 9-1:00 p.m.): \$455.45/month

SCHOOL AGE PROGRAM (GRADES K-5)

open 7 am and close at 6:00 pm

BEFORE AND AFTER SCHOOL

Attends 5 days/week \$ 30.55/day
\$152.75/week
Attends less than 5 days/week \$ 35.00/day

BEFORE SCHOOL - ONLY

Attends 5 days/week \$ 14.28/day
\$71.40/week
Attends less than 5 days/week \$ 18.10/day

AFTER SCHOOL - ONLY

Attends 5 days/week \$ 21.71/day
\$108.55/week
Attends less than 5 days/week \$24.85/day

SCHOOL AGE VACATION WEEKS & DAYS OFF FROM SCHOOL

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

Attends 5 days/week \$ 77.79
\$388.95/week
Attends less than 5 days/week \$86.90/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. (\$36.40/day)

The 14 Fall Early Release Wednesdays at the rate of \$509.60 is due on 08/26/26. The 13 Spring Early Release Wednesdays at the rate of \$473.20 is due by 03/03/27

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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 website.
- Nonpayment of tuition is reason for dismissal.
- Additional increases may be necessary for the 2026-2027 school year. (No earlier than Jan. 1, 2027. Parents will receive 30 days' notice prior to the effective date.)
- Summer camp will be 7 weeks in length. 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 off one child. If you have multiple children, we will take 10% off the lower rate(s) of additional children.
- 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, which would be credit for half of the days missed.
- 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 for returning families if registered by January 30, 2026. 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.