

Our Savior Preschool and Child Care  
239 Graham Road  
South Windsor, CT 06074  
860-644-6458 ospcc\_director@oursaviorct.org  
[www.oursaviorct.org](http://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: \_\_\_\_\_ 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 \_\_\_\_\_

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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

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**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 \_\_\_\_\_

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<b>CHILD CARE 2026-2027 *For Office use only</b>					
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 & Child Care

Schedule Effective August 24, 2026

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

## INFANT/TODDLER CHILD CARE PROGRAM

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

## FULL DAY PRESCHOOL (CHILD CARE) PROGRAM

<u>THREE YEAR OLD (Busy Bees) &amp; FOUR YEAR OLD (Fabulous Frogs)</u>	<u>open 7am-6pm</u>
Attends 5 days/week	\$ 82.76/day <u>\$413.80/week</u>
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 <u>\$152.75/week</u>
Attends less than 5 days/week	\$ 35.00/day

### BEFORE SCHOOL - ONLY

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

### AFTER SCHOOL - ONLY

Attends 5 days/week	\$ 21.71/day <u>\$108.55/week</u>
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 <u>\$388.95/week</u>
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

# Our Savior Preschool & Child Care

239 Graham Road

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Phone:(860) 644-6458 Fax:(860) 644-9068 Email:[ospcc\\_director@oursavior.org](mailto:ospcc_director@oursavior.org) Website:[www.oursaviorct.org](http://www.oursaviorct.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 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.**