



**EXTENDED CARE ENROLLMENT REQUEST 2011-2012**  
**Our Savior Lutheran Academy**  
**5110 Franklin Road**  
**Nashville, TN 37220**

STUDENT'S FULL NAME \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_  
 PARENT OR GUARDIAN \_\_\_\_\_ PARENT PHONE (cell) \_\_\_\_\_  
 PARENT ADDRESS \_\_\_\_\_ PARENT PHONE (home) \_\_\_\_\_  
 PARENT EMAIL \_\_\_\_\_ PARENT PHONE (work) \_\_\_\_\_

<b>MUST CHECK ALL CARE NEEDED</b>	<input type="checkbox"/> Before Care (7:00 am - 8:10 am)
	<input type="checkbox"/> Early After Care- <i>Preschool only</i> (12:30 pm - 3:50 pm)
	<input type="checkbox"/> After Care (3:30 pm - 5:00 pm)
	<input type="checkbox"/> Late After Care (5:00 pm - 6:00 pm)

<b>MUST CHECK ONE BOX</b>	<input type="checkbox"/> Tuesday/Wednesday/Thursday (must be enrolled part-time in PS or PK)
	<input type="checkbox"/> Full-time

**Upon enrolling my child at Our Savior Lutheran Academy (OSLA), I understand that:**

1. I agree to all charges incurred during the period that my child is registered at OSLA.
2. No reduction in charges will be made for absence from school because of illnesses or other causes.
3. Should you need to **change your extended care** plan, there is a **CHANGE FORM** in the office that must be filled out. Changes are made on the first of each month only.

**EXTENDED CARE FEE PAYMENT OPTIONS:** I/we understand that I/we must utilize EFT services to pay 2011-2012 tuition and fees unless the entire obligation is paid in full by July 1, 2011.

<b>MUST CHECK ONE BOX</b>	<input type="checkbox"/> I/we will pay the entire EXTENDED CARE FEE balance directly to OSLA on or before July 1, 2011.
	<input type="checkbox"/> I/we authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account on the first of each month of the <b>2 payment plan</b> . I have attached a voided check. I/we understand that failure to enroll fourteen days prior to the first payment, will result in my/our account being charged a late fee.
	<input type="checkbox"/> I/we authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account on the first of each month of the <b>10 payment plan</b> . I have attached a voided check. I/we understand that failure to enroll fourteen days prior to the first payment, will result in my/our account being charged a late fee.
	<input type="checkbox"/> I/we authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw payments from my account on the first of each month of the <b>11 payment plan</b> . I have attached a voided check. I/we understand that failure to enroll fourteen days prior to the first payment, will result in my/our account being charged a late fee.

**MY SIGNATURE BELOW AFFIRMS THAT I/WE HAVE READ, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS OF THIS REQUEST FOR EXTENDED CARE**

Signature of Parent(s) or Guardian(s) Financially Responsible for Student:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

2011-2012 EXTENDED CARE YEARLY FEES					
<b>Before Care</b>		<b>After Care</b>		<b>Late After Care</b>	
T/W/Th	\$490	T/W/Th	\$630	T/W/Th	\$260
Full-time	\$730	Full-time	\$950	Full-time	\$370
Drop in care is \$10/hour per family. <i>(Since additional staffing may be required, please call the office to check availability.)</i>					

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only:	Date Request Received: _____
	Date EFT Set Up: _____
	Date Accounting Set Up: _____