



2023-2024 Registration Application

January 9-13: In House Priority Registration / January 17: Public Registration Begins

I am registering a New Student: _____ **or Re-Enrolling Current Student:** _____.

Class selections are filled in order of date of receipt of completed applications. Applications are not considered complete without receipt of all items listed in the Parent Checklist. See below.

Registration Fee: \$125 for 1st child ; \$100 for 2nd child ; \$75 for each additional child

Child's Name	Preferred Name	Date of Birth	Gender
Home Address	City	State	Zip
Mother's Name	Mother's Email Address	Home Phone	Cell Phone
Mother's Employer		Work Phone	
Father's Name	Father's Email Address	Home Phone	Cell Phone
Father's Employer		Work Phone	

Class Offerings (Child must be of age as of August 31, 2023)

Tots (15 months and walking)	T/TH _____ (\$285)	M/W/F _____ (\$350)	
Twos	T/TH _____ (\$285)	M/W/F _____ (\$350)	M - F _____ (\$475)
Threes	M - F _____ (\$455)	M - TH _____ (\$405)	
Fours	M - F _____ (\$435)		
Pre-Kindergarten	M - F _____ (\$455)		
Kindergarten	M - F _____ (\$500)		

**Pricing billed monthly September through May. Registration fees are non-refundable. Enrollment priority for Pre-Kindergarten or Kindergarten will be given to students who have completed a Four Year Old class program. Kindergarten registration is considered a commitment for the full school year.*

PARENT CHECKLIST

Application Form _____ Parent Contract _____
 Parent/Guardian Authorization _____
 Medical Report _____ Registration Fee _____

***Applications are not considered complete without ALL items above.**

OFFICE USE ONLY

Date Received _____
 Registration Paid _____ Cash _____ Check # _____
 Classroom Placement _____
 Entered in HM _____ File Created _____

Parent/Guardian Enrollment Contract

Name of Child: _____ 2023-2024 Class _____ Child's Date of Birth: _____

1. I/We understand and agree that the employees of Lancaster Preschool are hereby released from any claims or financial responsibility arising out of any injury that may occur in connection with the operation of the school, or from any illness that may be contracted by the child during the period of their enrollment.
 2. I/We understand that monthly tuition payments are payable by **cash or check**. Payment is also accepted via **Bill Pay or Zelle** (set up for either is done directly with your banking institution). September 2023 tuition is paid in advance and is due by May 31 (non-refundable). Subsequent tuition will be billed monthly thru April 2024, due on the last day of the month (ex: September 30, October 31, etc). If, for any reason, it becomes necessary to withdraw our child from Lancaster Preschool, I/we understand a minimum of one month's notice is required.
- Enrollment in the Kindergarten program is considered a full year's contract, beginning with the first tuition payment due on May 31, 2023. If for any reason, I/we withdraw my child prior to the end of the 2023-2024 school year, one month's notice is required and the balance of the tuition for the year is due prior to his/her last day of school.
3. I/We understand that we will receive a tuition statement on the 15th of the month if our account has a balance due. If payment is not received by the end of the month or returned for non-sufficient funds, a \$35.00 late/NSF fee will be applied. This fee is automatically added to the family balance. Please contact the Preschool Director if there are circumstances preventing you from paying your tuition obligation.
 4. I/We understand that tuition (Check or Bill Pay) should be made payable to Lancaster Preschool and mailed to: 369 Air Harbor Road, Greensboro, NC 27455, or may be sent in your child's daily folder. Please include your child's name on the Memo Line or in the account number line if using Bill Pay.
 5. I/We understand the Lancaster Preschool calendar runs from September through May (exact dates TBD). Policies and procedures along with health protocols and guidelines will be available in the Parent Handbook provided to families annually. The Parent Handbook is also available on our website. Lancaster Preschool reserves the right to cancel/adjust classes based on enrollment.
 6. I/We understand that the operating hours of the School are from 9:00 am - 1:00 pm
 7. I/We agree to pay a non-refundable registration fee to enroll our child(ren) at the Preschool. Fees are as follows: \$125 for one child ; \$100 for second child ; \$75 for any additional children.

If applicable, please note your first and second choice class preference for your child below. Registration forms are processed on a first-come, first-served basis. While every effort will be made to place your child in your first choice selection, if it is no longer available, you will be placed on a wait-list and assigned to your second choice assuming it is available.

Class Offerings		Monthly Tuition	1st Choice	2nd Choice
Tots	T/TH	\$285		
Tots	M/W/F	\$350		
Twos	T/TH	\$285		
Twos	M/W/F	\$350		
Twos	Monday-Friday	\$475		
Threes	Monday-Thursday	\$405		
Threes	Monday-Friday	\$455		
Fours	Monday-Friday	\$435		
Pre-Kindergarten	Monday-Friday	\$445		
Kindergarten	Monday-Friday	\$500		

**Child must be of age by August 31, 2023. Any exceptions will be made by the Director on a case-by-case basis. Priority enrollment in Pre-K or Kindergarten is given to those who have completed a Four-Year Old Class.*

Parent Signature: _____ Date: _____

Parent/Guardian Enrollment Authorization

Child's Name _____

Activity Permission:

I grant permission to Lancaster Preschool for my child to participate in the following activities:

1. Visiting indoor and outdoor spaces of Calvary Christian Center property (walking or strolling) for indoor recess/playtime, school specific programs and outdoor recess/playtime.
2. Walking to and from the playground areas for nature walks and other activities outside the fenced playground areas while remaining on the grounds of Calvary Christian Center.
3. Participation in playtime on age-appropriate playground spaces.

Parent/Guardian Signature: _____ Date: _____

Photography Release:

I grant permission for Lancaster Preschool to record photographs and/or video of my child while at Lancaster Preschool and/or participating in any event supported or associated with Lancaster Preschool. I agree that these images/video may be used in print materials and/or electronic publications, including school/class newsletters, social media or other uses the school deems appropriate.

Yes: _____ No: _____

Parent/Guardian Signature: _____ Date: _____

Discipline Policy:

Our discipline policy is age and developmentally appropriate. We strive to create an environment in which positive reinforcement of children's actions lead to appropriate behaviors. When a behavior is unacceptable, the child will be redirected to a new activity. Our staff works to help our students learn to "play well with others." If a child is harming themselves or others they will be removed immediately from the situation. Parents will be notified if the behavior persists. **Lancaster Preschool has the right to terminate enrollment at any time.** Further details regarding all Lancaster Preschool policies can be found in the Lancaster Preschool Parent Handbook. An updated copy of this handbook will be provided to families prior to the beginning of each school year.

Parent/Guardian Signature: _____ Date: _____

Dismissal Policy:

I understand that my child may not be picked up by someone not listed on the Pick Up Authorization form without notifying the teacher in writing or contacting the School Office. Pick Up Authorizations forms may also be updated by parents at any time throughout the school year. Staff may ask for identification before releasing your child to a person not listed on the Pick Up Authorization form.

Parent/Guardian Signature: _____ Date: _____

Immunization Form:

I agree to provide an updated copy of my child's immunization record prior to the first day of school.

Parent/Guardian Signature: _____ Date: _____

Student Medical Report

Name of Child _____ Birthdate _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

1. Is your child allergic to anything? No ___ Yes ___ If yes, please explain. _____

2. Does your child have any food or dietary restrictions? No ___ Yes ___ If yes, please explain.

3. Is child currently under a doctor's care for an allergy or other medical condition? No ___ Yes ___

If yes, please explain _____

4. Is the child on any continuous medication? No ___ Yes ___ If yes, please explain. _____

5. Any previous hospitalizations or operations? No ___ Yes ___ If yes, please explain. _____

6. Any medical history or other medical conditions or illness? No ___ Yes ___

If yes, please explain. _____

7. Does your child have any special needs or receive any outside services? No ___ Yes ___

If yes, please explain: _____

***IF YOUR CHILD HAS AN ALLERGY OR REQUIRES ADMINISTERING OF A MEDICATION, YOU
WILL BE ASKED TO SUBMIT A COMPLETED ALLERGY/PERMISSION TO ADMINISTER
MEDICATION FORM. THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR CHILD'S
PHYSICIAN. THIS MUST BE TURNED IN BY THE FIRST DAY OF SCHOOL.**

Signature of Parent or Guardian: _____ Date _____