

OFFICE USE ONLY Initials _____
 Registration Received _____
 Registration Pd _____ Cash _____ Ck _____
 Application Fee (new family) _____
 HM _____ Class _____
 Enroll _____ Authorization _____ Medical _____
 Confirmation Sent _____



2024-2025 Registration Application

January 16-21: Priority Registration for Currently ENROLLED STUDENTS
 January 22-28: Priority Registration for NEW SIBLINGS of Currently Enrolled Families
 January 29: Public Registration Opens

Currently Enrolled Family: _____; **New Family:** _____

Class selections are filled in order of date of receipt of completed applications. Applications will not be processed without a completed Registration Application and applicable Registration/Application Fee.

Please complete one registration packet per child.

New Families: \$25 application fee + registration fee

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	Cell Phone	
Mother's Employer		Work Phone	
Father's Name	Father's Email Address	Cell Phone	
Father's Employer		Work Phone	

Class Offerings (Child must be of age as of August 31, 2024)

Tots (15 months and walking)	T/TH _____ (\$300)	M/W/F _____ (\$370)	
Twos	T/TH _____ (\$300)	M/W/F _____ (\$370)	M - F _____ (\$500)
Threes	M - F _____ (\$465)	M - TH _____ (\$415)	
Fours	M - F _____ (\$455)		
Pre-Kindergarten	M - F _____ (\$455)		
Kindergarten	M - F _____ (\$500)		

- * Registration fees are non-refundable. Tuition is billed one month in advance from September through April. September tuition is due by May 31, 2024.
- * Enrollment priority for Pre-K or Kindergarten is given to students who have completed a Four-Year-Old class.
- * Kindergarten registration is a commitment for the full school year.

Waiting List Policy (*updated January 2024)

In the event that your requested classroom placement is full, your child will be placed on a waiting list, and you will be notified. Following notification of an opening, you will have 48 hours to accept, pass (and remain on the waiting list) or decline the placement option for your child. If you do not respond, you will be removed from the waitlist. If you find another placement for your child or wish to be removed from the waitlist, please notify Lancaster Preschool.

Parent/Guardian Enrollment Contract

Name of Child: _____ 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 tuition is paid monthly. Payment is accepted via cash, personal check, Bill Pay (set up through your banking institution or credit card (note: credit card payments must be paid in the School Office and are assessed a 2.3% fee per transaction). September 2024 tuition is paid in advance and is due by May 31, 2024 (non-refundable). Subsequent tuition will be billed monthly through April 2025, 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.

Tuition payments made via Personal Check or Bill Pay should be made payable to Lancaster Preschool. Please include your child's name on the memo line (or account number line if using Bill Pay) of the check. Cash payments should be placed in an envelope labeled with your child's name.

3. Enrollment in the Kindergarten program is a full year's contract, beginning with the first tuition payment due on May 31, 2024. If for any reason, I/we withdraw my child prior to the end of the 2024-2025 school year, one month's notice is required and the balance of the tuition for the remainder of the year is due prior to his/her last day of school.

4. 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.

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 class offerings 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. A non-refundable application fee of \$25 is also applied to families new to Lancaster Preschool.

Registration forms are processed, and classes are enrolled on a first-come, first-served basis. While every effort will be made to place your child in your selected class, if it is no longer available, you will be placed on a waitlist and/or assigned to an alternate class offering, if applicable. For information regarding waiting list procedures, please see details included in the Registration Application.

Parent Signature: _____ Date: _____

Parent/Guardian Enrollment Authorization

Child's Name _____

Activity Permission:

I/We 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/We 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/We understand that my child may not be picked up by someone not listed on the Authorization for Pick Up 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 Authorization for Pick Up form.

Parent/Guardian Signature: _____ Date: _____

Immunization Form:

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

Parent/Guardian Signature: _____ Date: _____

Allergy Information:

If my child has an allergy (either airborne or ingested), I/we agree to provide a completed copy of the School's Permission to Administer Medication/Allergy Information form. If any treatment is required for your child's allergy, this form must be completed and signed by your child's physician.

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 your child under a doctor's care for an allergy or other medical condition? No ___ Yes ___ If yes, please explain: _____

4. If you answered YES to question #3, is any medication or treatment required for the allergy(ies)?

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

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

7. Any medical history or other medical conditions or illness? No ___ Yes ___ If yes, please explain: _____

8. Does your child have any special needs or receive any outside services? No ___ Yes ___ If yes, please explain: _____

***If your child has an allergy and/or requires any form of treatment, you must complete an Allergy/Permission to Administer Medication Form. If treatment is required for your child's allergy, this form must also be completed and signed by your child's physician. This form must be completed and submitted to your child's teacher or the School Office by the first day of school. Even if you have completed this form in the past, please note that a new form is required for each new school year.**

You may request a copy of the Allergy/Permission to Administer Medication form from the School Office or your child's teacher prior to the start of the new school year or visit www.lancasterps.org to download.

Signature of Parent or Guardian: _____ Date _____