PARENT CHECKLIST
Registration Form
Parent Contract
Parent/Guardian Authorization
Medical Report
Registration Payment

LANCASTER)
PRESCHOOL	

369 Air Harbor Road Greensboro, NC 27455 336.288.6434 www.lancasterps.org

OFFICE USE ONLY		
Date Received		
Registration Paid Check #		
Classroom Placement		
Entered in HM		

Registration Form

Child's Name		Most often called	Date of Birth	Gender
Address			City	State, Zip Code
Mother's Name		Email (print clearly)		Phone Number
Father's Name		Email (print clearly)		Phone Number
Mother's Place of E	Employment	Father's Place of Er	nployment	
New Child: Re-Enrolling Child: (Classes will be filled in the order applications are received) January 10 – 18 In house priority registration January 19 – Public registration begins Tots Class: Tuesday/Thursday Monday/Wednesday/Friday				
Toto Glass.	2 days (\$285)		ys (\$350)	
2s Classes:	MWF (\$350)	_ T/Th (\$285)	M-F (\$475)	-
3s Classes:	TWTh (\$350)	M-F (\$455)		
4s Classes:	M-F (\$435)			
Pre- K Class:	M-F (\$445)			
Kindergarten:	M-F (\$500)	_ (Enrollment in our	Kindergarten is a year	long commitment)
Please register	your child for the app	ropriate class base	d on your child's age as	s of August 31, 2022

Registration Fees:

- \$100 for first child \$75 for second child \$50 for each additional child
- Please fill out <u>all</u> parts of the registration form and return it with your Registration Fee. Your child's
 registration will not be considered complete without the above fees paid.
- All registration fees are nonrefundable
- Completed registration forms will be processed on a first-come, first serve basis. If your 1st choice is not available your child will be placed on a waiting list. If your child is enrolled in your 2nd choice, you will have 48 hours to decline.

Parent Contract

Name of Child:	Class for 2022 - 202	23			
Child's Date of Birth:					
1. It is understood and agreed by us 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. Monthly tuition payments are payable by check, cash, Bill Pay thru your bank account, or Venmo @LancasterPreschool (if paying by Venmo add \$5 convenience fee per child). September's tuition is due by May 30 th (non refundable). October's tuition is due by September 30 th , November's tuition due October 31 st , etc.					
If for any reason it becomes necessary (with exception of Kindergarten, v		num of one month's	s notice is required		
3. Each family will receive a statemer received by the end of the month or This fee is automatically added to the difficulties and the school will try to very the school will try the school will try to very the school will try	returned for non-sufficient funds, a e family balance. Please call the D	a \$35.00 late/NSF	fee will be applied.		
4. Checks (or info for Bill Pay) are n Greensboro, NC 27455, or may be Memo line or in the account number	put in your child's daily folder. Ple				
5. Lancaster Preschool will run from September – May (exact dates TBD). Policies and procedures along with Covid-19 protocols and guidelines will be available in the Parent Handbook. The Parent Handbook is available on our website. Lancaster Preschool reserves the right to cancel/adjust classes based on enrollment.					
6. Hours of Operation: 9:00 a.m1:0	00 p.m.				
7. Registration Fee:\$100 for o	·	\$50 for any	additional children		
•			additional official		
The registration fee is non-refunda	ble.				
		Monthly	List 1st & 2nd		
Class		Tuition	choice		
Tots	Tuesday/Thursday	\$285			
Tots	Monday/Wednesday/Friday	\$350			
2 Year Old	2 days (T/Th)	\$285			
2 Year Old	3 days (M/W/F)	\$350			
2 Year Old	M-F	\$475			
3 Year Old	Tuesday/Wednesday/Thursday	\$350			
3 Year Old	Monday-Friday	\$455			
4 Year Old	Monday-Friday	\$435			
Pre-K	Monday-Friday	\$445			
Kindergarten	Monday-Friday	\$500			
(year long contract)					
Date:					

Parent Signature: _____

Parent/Guardian Authorization

Child's Name
Class
Activity Authorization Permission to Play Outside Fenced Area:
Iparent/guardian of give my permission to Lancaster Preschool for my child to participate in the following activities:
 Trips around the Church property (Tots in the bye-bye buggy) Trips to and from the big playground, nature walks and other activities outside the fenced playground but remaining on the grounds of Calvary Christian Center. Trips upstairs in the Calvary Christian Center building.
Parent/Guardian Signature: Date:
Photography Permission:
Lancaster Preschool requests permission to photograph children involved in our program for various projects. Teachers also photograph children involved in various activities to share with parents and face book. I grant permission for photographs of my child to be taken at Lancaster Preschool and possibly used in print (e.g. brochures or Lancaster Preschool website). Yes No
Parent/Guardian Signature: Date:
Lancaster Preschool Discipline Policy:
Our discipline policy is age and developmentally appropriate: Well supervised classes help create an environment in which positive reinforcement of children's actions lead to acceptable behavior. When behavior is unacceptable, then a child will be redirected to a new activity. We work with children and help them 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 care at will at any time. Our policy is in the best interest of the children's happiness and safety, and it is our goal to provide a positive learning environment.
Parent/Guardian Signature: Date:
Dismissal Policy:
Parent must notify your child's teacher in writing if your child is going home with anyone other than those listed on your authorized pick up form. You can always call the office as well. They may be asked to show identification before releasing your child to them.
Parent/Guardian Signature: Date:
Immunization Form:
New students enrolling in Lancaster Preschool, must provide child's most current immunization record prior to the first day of school.
Parent/Guardian Signature: Date:

Children's Medical Report

Name	of Child	Birthdate
Name	of Parent or Guardian	
Addres	ss of Parent or Guardian	
A.	Medical History (May be con	npleted by parent)
1.	Is child allergic to anything?	NoYesIf yes, please explain
2.	·	dietary restrictions? Yes No If yes, please explain
3.		tor's care? No_Yes_If yes, for what reason?
4.		s medication NoYes If yes, what medication?
5.	Any previous hospitalizations	s or operations? No Yes If yes, when and for what?
6.	Any history or other medical	conditions or illness? No Yes
	If yes, please explain	
7.	Does your child have any spe	cial needs or receive any outside services.
		GY, PLEASE DOWNLOAD THE ALLERGY FORM FROM OUR Y THE DOCTOR. THIS MUST BE TURNED IN BY THE FIRST DAY OF SCHOOL.
Signati	ure of Parent or Guardian:	Date