



2025-2026 Registration Application

Current Students: January 21, 2025

New Siblings of Current Students: Jan 27, 2025

New Families: February 3, 2025

OFFICE USE ONLY

Registration Received ____/____/____ Time ____ Initials ____

Current Family ____ New Family ____

Registration Details:

Cash ☐ Ck# ____ CC ☐ Brightwheel ☐

Amount Owed \$ ____ Amount Paid \$ ____

Assigned to ____ classroom

Confirmation Sent ____/____/____

Please complete one registration per child. Registrations are processed in order of receipt of application and fees.

Child's Full Name	Preferred Name	Date of Birth	Gender M F
Home Address	City	State	Zip
Primary Parent/Guardian Name	Primary Parent/Guardian Email	Primary Parent/Guardian Cell Phone	
Primary Parent/Guardian Employer	Primary Parent/Guardian Work Phone		
Additional Parent Name	Additional Parent Email Address	Additional Parent Cell Phone	
Additional Parent Employer	Additional Parent Work Phone		

Class Selections and Monthly Tuition Fees (Child must be of age as of August 31, 2025)

Tots (15 months + 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) ____

Please check preferred class. If there are multiple options for your child's age group, please rank options "1, 2, 3, etc". If your requested class(es) are full, your child will be placed on a Waitlist. To enroll in Pre-Kindergarten, student must have completed a Fours class or turned 5 before Dec 31, 2025, and completed a Readiness Assessment.

2025-2026 Tuition and Fees

CURRENTLY ENROLLED STUDENTS AND SIBLINGS OF CURRENT ENROLLEES

Registration Fee*	\$125/1 st child	\$100/2 nd child	\$75/each additional child(ren)
September 2025 Tuition*	Billed May 15, 2025		Due June 1, 2025
If you would like to pay your registration fees via Brightwheel , select your Child's account in Brightwheel, choose "Make Payment", choose "Other Amount", input the appropriate Registration Amount for your child(ren), select "Review and Pay". The amount paid will be applied to the Registration Fees due at time of registration for your child(ren). Please note, this must be done per child you are registering. You may also pay via Personal Check or Cash .			

NEW STUDENTS/FAMILIES

Registration Fee*	\$125/1 st child	\$100/2 nd child	\$75/each additional child(ren)
Application Processing Fee*	\$25/family		
September 2025 Tuition*	See monthly tuition fees above and select applicable amount		
To pay via Credit Card , please visit the School Office to make your payment (transaction fees apply). To pay via Cash or Personal Check payment, attach payment to your application in labeled envelope.			

***The denoted fees and tuition are due at time of registration and are not refundable.**

Parent Signature: _____

Date: _____

Parent/Guardian Enrollment Contract

Name of Child: _____ 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 our Registration Application is not considered complete without a completed application and applicable fees. I/We understand that registrations are processed and classes are enrolled on a first-come, first-served basis.
3. Current Families: I/We understand that beginning with enrollment for the 2025-2026 School Year, I/we will be expected to provide a non-refundable registration payment of \$125 for one child; \$100 for second child; and \$75 per additional child. I/We understand that I/we will be billed on May 15, 2025, for our September 2025, due June 1, 2025. The remaining eight (8) tuition payments will be billed August 15, 2025-April 15, 2026.

New Families: I/We understand that beginning with enrollment for the 2025-2026 School Year, I/we will be expected to provide a registration payment of \$125 for one child; \$100 for second child; and \$75 per additional child, plus a \$25 application fee per family and one month's tuition credited to September 2025. I/We understand that this payment is non-refundable. The remaining eight (8) tuition payments will be billed September 15, 2025-April 15, 2026.

4. I/We understand that tuition is paid monthly. Payment is accepted via cash, personal check, Bill Pay (set up through your banking institution) or you may pay via ACH draft or credit card via Brightwheel. Tuition is billed monthly through April 2026, due on the first day of the month (ex: October 1, November 1, etc). I/we understand that tuition payments are not refundable. If it becomes necessary to withdraw our child from Lancaster Preschool, for any reason, I/we understand a minimum of 30-days written notice to the Preschool Director is required. If a tuition payment is due during the 30-day notification period, I/we will be billed for the monthly tuition.

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.

5. 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, a \$15 late fee will be added to my account. If payment is returned for non-sufficient funds, a \$35.00 late/NSF fee will be applied.

Please contact Emily Murphy (emurphy@lancasterps.org) if your personal circumstances require an alternate payment schedule to meet your tuition obligation. These conversations and any arrangements are kept confidential.

6. I/We understand the School calendar runs from September through May (exact dates TBD). Policies and procedures, including health protocols and guidelines, will be available in the Parent Handbook updated and provided annually. The School reserves the right to cancel/adjust class offerings based on enrollment.
7. I/We understand that the operating hours of the School are from 9:00 am-1:00 pm. Morning drop off is 9:00-9:15 am and afternoon pick-up is 1:00-1:15 pm. I/We understand that two non-emergency late pick-ups per year are allowed. I/we understand that we will be assessed a \$10 fee for each non-emergency late pick-up after that.
8. I/We understand that registration applications are processed, and classes are enrolled on a first-come, first-served basis, and if our requested placement is full, my/our child will be placed on a waiting list, and I/we will be notified if/when there is an opening. Following notification of an opening, I/we will have 48 hours to accept, pass/remain on the waiting list, or decline the placement. If I/we do not respond, my/our child will be removed from the waitlist.

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 _____ Date of Birth _____

Name 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. Treatment may not be administered without your child's physician's signature. This form must be completed and submitted to your child's teacher or the School Office on or before the first day of school. Note, even if you have completed this form in the past, a newly completed form is required each 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 _____