

2025 Summer Camp Registration (Tots)

Child's Full Name	Preferred Name to be Called	Date of Birth	Gender
Home Address	City	State	Zip
Parent/Guardian Name:	Parent/Guardian Email Address (Please list primary email to be used):		
Parent/Guardian Phone (Please list primary phone number to be used):		Parent/Guardian Additional Phone (if applicable):	
Emergency Contact Name (Please name person other than parent listed above)			Emergency Contact Phone
Allergies: Please list any applicable allergies AND the medically approved treatment plan: _____			

Students will be enrolled in the age group aligned with their 2024-2025 class placement (ex: 2024-25 Tots remain in Tots class for summer). If your child is newly enrolled at Lancaster Preschool for the 2025-2026 school year, your child may register for Summer Camp and will be assigned to the Tots classroom.

Week	Theme	Date	Register (X)	Tuition Rates (please circle preference)		
				M-F	MWF	TTH
1	Fun in the Sun	June 2-6	_____	\$245	\$150	\$100
2	Dino Discovery	June 9-13	_____	\$245	\$150	\$100
3	Summer Safari	June 16-20	_____	\$245	\$150	\$100
4	America the Beautiful	June 23-27	_____	\$245	\$150	\$100
5	Superheroes Save the Day	July 7-11	_____	\$245	\$150	\$100
6	Once Upon a Time	July 14-18	_____	\$245	\$150	\$100
7	Furry Friends	July 21-25	_____	\$245	\$150	\$100
8	Making a Mess	July 28-Aug 1	_____	\$245	\$150	\$100

I am registering my child for (#) _____ week(s) of Summer Camp at Lancaster Preschool. I understand that my enrollment is pending until I have submitted a completed registration form and received confirmation of placement. Lancaster Preschool has our permission in an emergency to obtain the medical services of a physician for which we, the parents, will assume financial responsibility. We agree that Lancaster Preschool, Board of Directors, Teachers and Administration 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 their period of enrollment.

I agree that by registering my child for Summer Camp at Lancaster Preschool, I am financially responsible for the payment due in accordance with the payment reference chart listed below (ex: 1 week = \$245 or \$200, 2 weeks = \$490 or \$400, etc). **At time of registration, I understand that payment may be remitted in full or in two installments as follows: payment for Weeks 1-4 due at time of registration; payment for Weeks 5-8 due on or before June 13.** Refunds are not available for summer camp registration and submission of this form is an agreement to pay for the weeks I am requesting for my child regardless of attendance. Class sizes are limited, and spots are filled on a first-come, first-served basis.

Payment may be made via personal check, cash or credit card (fees apply). Families registered for the 2024-2025 or 2025-2026 school year who have an active Brightwheel account set up with Lancaster Preschool may also pay via Brightwheel. To pay via Brightwheel, select your child's account, choose "Make Payment", choose "Other Amount", and input the appropriate amount. Please use the Payment Reference Plan below to calculate your total due.

Payment Options (please choose one)

One-time payment _____ Two installments (payment #1: Weeks 1-4 and payment #2: Weeks 5-8) _____

If you are registering for multiple weeks and your personal circumstances require an alternative payment plan, please contact Emily Murphy at emurphy@lancasterps.org. All conversations regarding payments and any alternative arrangements are kept confidential.

Payment Reference Chart

	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks
M-F	\$245	\$490	\$735	\$980	\$1,225	1,470	\$1,715	\$1,960
MWF	\$150	\$300	\$450	\$600	\$750	\$900	\$1,050	\$1,200
TTH	\$100	\$200	\$300	\$400	\$500	\$600	\$700	\$800

Carpool Pick Up/Dismissal

My child may be dismissed/released to the Parent/Guardian and Emergency Contact listed on page 1 of this registration form. The following individuals are also authorized to pick up my child from Lancaster Preschool. If any individual not listed on this form will pick up my child, I will notify the School Office and understand that this individual will be asked to provide photo identification.

Name: _____ Phone: _____

Name: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Office Use Only

Registration Received ____/____/____ Initials _____ Current Family _____ New Family _____

Registration Details: Cash ☐ Ck# _____ CC ☐ Brightwheel ☐

Total Due \$ _____ Amount Paid \$ _____ Balance Due \$ _____

Assigned to _____ classroom Registered for Week(s) 1 2 3 4 5 6 7 8

Confirmation Sent ____/____/____