

2026-2027 Registration Application

Current Students: January 20, 2026

New Siblings of Current Students: Jan 26, 2026

New Families: February 2, 2026

OFFICE USE ONLY

Registration Received ____/____/____ Time ____ Initials ____

Current Family ____ New Family ____

Amount Owed \$ ____ Amount Paid \$ ____

Assigned to ____ classroom

Confirmation Sent ____/____/____

Please complete one registration per child.

Registrations are processed in order of receipt of application, including applicable tuition 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, 2026)

Tots (15 months + walking)	T/TH (\$310) ____	M/W/F (\$375) ____	M - F (\$590) ____
Twos	T/TH (\$310) ____	M/W/F (\$375) ____	M - F (\$565) ____
Threes	M - F (\$475) ____	M - TH (\$420) ____	
Fours	M - F (\$465) ____	Pre-Kindergarten	M - F (\$465) ____

Check your preferred class; please rank "1, 2, etc" if there are multiple options. Priority enrollment for Pre-K will be given to students who have completed a Fours class. If you child has not completed a Fours class, he/she may be considered for Pre-K if space is available. To be considered, child must be 5 before December 31, 2026, and successfully complete an assessment for Pre-K readiness.

2026-2027 Tuition and Fees: The following tuition and fees are due at time of registration:

Registration Fee	\$125/1 st child	\$100/2 nd child	\$75/ additional child(ren)
Application Fee	\$25/family (New Families Only)		
January 2027 Tuition	See class selections and tuition fees listed above		

Payment Calculator

\$ ____

\$ ____

\$ ____

Total Due: \$ ____

***All registration and tuition payments are non-refundable**

Registration Payment (please check one):

I will pay via **CASH** ____ **CHECK** ____ **Credit Card** ____ or **Bill Me via Brightwheel (current families only)** ____.

Cash or check payment should be placed in an envelope and labeled with Student Name and attached to this registration application; Credit card payments may be made in the School Office (transaction fees apply).

Bill Me via Brightwheel (Current Families Only): If you choose this option, you will be invoiced via Brightwheel. To ensure your child's spot is held securely, your invoice must be paid within 24 hours of invoice posting to your account. If you are scheduled for autopay in Brightwheel, this payment will happen automatically; if you are not, you will need to approve and pay the invoice.

Please contact Emily Murphy at emurphy@lancasterps.org should you require an alternate payment schedule.

Following your accepted registration application and payment, you will be billed for tuition beginning on August 15th and ending on April 15th (excluding December 15th). If your requested class is full, your child will be placed on a waitlist and you will be notified.

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 2026-2027 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 and a non-refundable month's tuition payment (see tuition fees on page 1). This tuition payment will be credited to January 2027. The remaining eight (8) tuition payments will be billed August 15, 2026-April 15, 2027 (excluding December).

New Families: I/We understand that beginning with enrollment for the 2026-2027 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 a non-refundable month's tuition payment (see tuition fees on page 1). This tuition payment will be credited to January 2027. The remaining eight (8) tuition payments will be billed August 15, 2026-April 15, 2027 (excluding December).

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 2027, due on the first day of the month (ex: October 1, November 1, etc). I/we understand that tuition payments are non-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.

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

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 your account. If payment is returned for non-sufficient funds, a \$35.00 late/NSF fee will be applied.
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. Please circle YES or NO below.

I agree that these images/videos may be shared with me via Brightwheel and/or used in classroom newsletters. **Yes / No**

I agree that these images/videos may be used in social media. **Yes / No**

I agree that these images/video may be used in print materials and/or electronic publications, 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 and Emergency Pick Up Contact(s) 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 your child's 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 or the School cannot administer any necessary treatment.

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? _____

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 that may require 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** _____