



Leesburg Presbyterian Church Preschool Registration Application 2022-2023

207 West Market Street, Leesburg, VA 20176 (703) 771-1461

Child's Name: (Last Name) _____ (First Name): _____

(Name Called): _____ Date of Birth: _____ Sex: M _____ F _____

Parents/Guardian Names: _____

Address (City, State & Zip Code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

*All classes fill on a first-come first-serve basis and are secured when payment is received. **Circle the classes you are selecting.** **In-House registration ends January 28, 2022.** Church members registering a child for the first time (and thereafter) are included in the In-House Registration. **Open registration begins at 9:30 am on February 2, 2022.** Registration applications will be time stamped.

Age	Class	Monthly Tuition
2 by 09/30/2022	2's 2-day M, Tu 9:00 - 12:00	\$175.00
2 by 09/30/2022	2's 2-day W, Th 9:00 - 12:00	\$175.00
3 by 09/30/2022	3's 3-day Tu, W, Th 9:00 - 12:00	\$250.00
4 by 09/30/2022	Pre-K M, Tu, W, Th 9:00 - 12:00	\$300.00
LPCP 3's and Pre-K Students Open to non-LPCP Preschool children	STEM Fridays: F 9:00 - 12:00	LPC-Preschooler \$70.00 Non-LPC-Preschool \$90.00
3's or Pre-K	Lunch Bunch 12:00-1:30 Tuesday and Wednesday Advanced registrations are for the year and for the days chosen.	Please circle each day T AND W 2 days \$70 per month T OR W 1 day \$45 per month Daily drop-ins are signed up through Sign Up Genius and are charged \$15 per day (if space is available)

*All programs are run subject to enrollment.

Tuition is due on the 1st of the month and is considered late after the 5th when a \$25 late fee applies. **If you choose to use our online payment method, available through our web site, additional fees will apply.**

Names and Ages of Siblings _____

Name of Physician: _____ Phone Number: _____

Does your child have any allergies? If yes, please explain. _____

Does your child receive any special services? If yes, please explain. _____

Any special comments about your child that you feel would be helpful to the teachers?
(Please include any known fears, medical conditions, etc.) _____

How did you hear about our preschool? _____

Please read the following information and sign the Photo Release Permission:

Child's Name _____ Class _____

Either

2022-2023 Photo Release Permission Granted

I understand that my child may be photographed or recorded at various school sponsored events and activities. I give permission for images of my child to be included in official school-parent communications, on the school's website, in an LPCP closed-group class platform, or on the School's Facebook page.

Name of Parent or Guardian _____

Signature _____

Or

2022-2023 Photo Release Permission Not Granted

I understand that my child may be photographed or recorded at various school sponsored events and activities. I do not give permission for images of my child to be included in official school-parent communications, on the school's website, in an LPCP closed-group class platform, or on the School's Facebook page.

Name of Parent or Guardian _____

Signature _____

Please return this completed Preschool Registration Application

and \$100 Registration Fee for new students or \$75 for returning students and Church Members (new and returning students), and a Commitment Fee of one month's tuition, including STEM Fridays and Lunch Bunch if applicable, to:

LPCP Director, Angela Helge
207 West Market Street, NW
Leesburg, VA 20176

Make checks payable to Leesburg Presbyterian Church Preschool or LPCP.

Next Steps:

Upon receipt of this **Registration Application** form and the required **Registration and Commitment fees**, you will receive a **Registration Confirmation** email which you must print, sign, and return to the Director.

All the following forms will be emailed to you and must be filled/signed and in place before your child can start preschool.

1. The Parent Handbook Acceptance Form: *Required for or all students every year. You will be emailed a copy of the New Parent Handbook to read.*
2. The VA State Health Form: *For children turning 5 years old by 9.30.2022, and all new students.*
3. The Emergency Contacts and Pick-Up Authorization Form: *For all new students*
4. All new student's original birth certificate (or passport) must be witnessed. *The Director will arrange a time for you to bring the document in for processing.*
5. MAT (Medical Administration Form): *If your child has a food allergy requiring an Epi- Pen/Autoinjector and/ or OTC Antihistamine, the MAT form must be filled out, and for prescription medication, it must be signed by the prescribing Doctor. The Director will be in touch to arrange a time to meet to go over the Medical Administration and safety procedures, and LPCP Food Allergy Policy.*

Office Use Only

Classes Registered: _____	
Date Received / /	Registration Paid \$ _____ Commitment Fee Paid \$ _____
Check # _____	Initials: _____