



2024-2025 Registration Application
 207 West Market Street, Leesburg, VA 20176 (703) 771-1461

Child's Name: _____ Name Called: _____

Date of Birth: _____ Sex: M _____ F _____

Address: _____

Check the box next to the class(es) you are selecting.

<input checked="" type="checkbox"/>	Age	Class	Monthly Tuition
<input type="checkbox"/>	2 by 09/30/2024	2s 2-day M & W 9:00 -12:00	\$190.00
<input type="checkbox"/>	2 by 09/30/2024	2s 2-day T & Th 9:00 -12:00	\$190.00
<input type="checkbox"/>	3 by 09/30/2024	3s 3-day T/W/TH 9:00-12:00	\$260.00
<input type="checkbox"/>	4 by 09/30/2024	4s PreK 4-day M-Th 9:00-12:00	\$310.00
<input type="checkbox"/>	3s & Pre-K	STEAM Fridays: F 9:00-12:00	\$80.00
<input type="checkbox"/>	Non-LPC Preschooler 3 or 4 by 9/30/24	STEAM Fridays: F 9:00-12:00	\$100.00 This is a student not enrolled in any other LPCP class.
<input type="checkbox"/>	3s and Pre-K	Lunch Bunch 12:00-1:30	Monthly Tuesdays- 1 day \$40 a month
<input type="checkbox"/>	3s and Pre-K	Lunch Bunch 12:00-1:30	Monthly Wednesdays-1 day \$40 a month
<input type="checkbox"/>	3s and Pre-K	Lunch Bunch 12:00-1:30	Tuesday and Wednesday 2 days \$75 a month

*All classes fill on a first come first served basis, and spots are secured when payment is received.

*Registration applications will be time stamped.

*All programs are run subject to enrollment.

Mother/Guardian's Name _____ Phone (H) _____ (W) _____ (C) _____ Email _____ Place of Employment _____	Father/Guardian's Name _____ Phone (H) _____ (W) _____ (C) _____ Email _____ Place of Employment _____
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****Parents are always the first points of contact but in case we can not get a hold of you, we must have two emergency contacts listed. One emergency contact should be a local contact that can pick up your child if you can not be reached.****

Emergency Contact #1 _____ Relationship _____ Home phone _____ Address _____ Work phone _____ Cell phone _____	Emergency Contact #2 _____ Relationship _____ Home phone _____ Address _____ Work phone _____ Cell phone _____
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Name and ages of siblings: _____

Name of Physician: _____ Phone Number: _____

Please fully identify any food or seasonal allergies or write N/A:

Does your child receive any special services? If so, please explain?

Any special comments about your child that you feel would be helpful to the teachers/director?

How did you hear about our preschool? _____

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

Child's Name _____

2024-2025 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 a private parent's only LPCP closed-FB page, on the school's public Facebook page as well as the church's weekly newsletter/facebook page.

Name of Parent or Guardian: _____

Signature: _____

Or

2024-2025 Partial 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 **ONLY** on the following checked off platforms:

- official school-parent communications (weekly class emails, newsletters, school wide emails)
- on the school's website
- the private parent's only LPCP closed-FB page
- the preschool's public Facebook page
- Leesburg Presbyterian Church weekly member newsletter
- Leesburg Presbyterian Church Public Facebook page

Name of Parent or Guardian: _____

Signature: _____

Or

2024-2025 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 any school or church platforms.

Name of Parent or Guardian: _____

Signature: _____

Please return this completed Preschool Registration Application and \$100 Registration Fee for new students or \$75 for returning families and church members, and a commitment fee of one month's tuition (which becomes your May 2025 tuition payment), including STEAM 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 (LPCP).

Office Use Only

Class(es) Registered:

Date Received _____

Registration Paid \$_____ Commitment Fee Paid \$_____ MOP: _____

