



2026-2027 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 09/30/2026	2s 2-day M & W 9:00 -12:00	\$210.00
<input type="checkbox"/>	2 by 09/30/2026	2s 2-day T & Th 9:00 -12:00	\$210.00
<input type="checkbox"/>	3 by 09/30/2026	3s 3-day T/W/TH 9:00-12:00	\$280.00
<input type="checkbox"/>	4 by 09/30/2026	4s PreK 4-day M-Th 9:00-12:00	\$330.00
<input type="checkbox"/>	3s & Pre-K	STEAM Fridays: F 9:00-12:00	\$100.00
<input type="checkbox"/>	Non-LPC Preschooler 3 or 4 by 9/30/26	STEAM Fridays: F 9:00-12:00	\$120.00 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 ahold of you, we MUST have two additional emergency contacts listed. One emergency contact should be a local contact that can pick up your child if you cannot 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 _____

2026-2027 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

2026-2027 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

2026-2027 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 2027 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: _____



Welcome to Leesburg Presbyterian Church Preschool!



We are in receipt of your **Registration Application** form and the required **Registration and Commitment fees**. Please complete and sign the bottom of this form. The additional forms listed in this box are due no later than September 1st.

The following forms are available on our website and must be completed and turned in before your child can start preschool.

1. The Parent Handbook Acceptance Form: Required for all students each year.
2. The VA State Health Form: Required for all students each year.
3. The Pick-Up Authorization Form
4. Original birth certificate (or passport) must be witnessed for all **new** students. The Director will arrange a time for you to bring the document in for processing (no photocopies accepted).
5. MAT (Medical Administration Form): If your child has a food allergy requiring an Epi-Pen/ Auto Injector and/or OTC Antihistamine, the MAT form must be filled out and 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 as well as LPCP Food Allergy Policy.

Please complete, sign, and return this form to Director, Angela Helge, as soon as possible. This agreement is required for your child's LPCP file.

LPCP is in receipt of the non-refundable Registration Fee (\$100 for new students or \$75 for returning students/families and Leesburg Presbyterian Church members) and the non-refundable Commitment Fee which is equal to one month's tuition for all registered classes.

The Commitment Fee is applied to your last tuition for the month of May, 2027. There are 8 additional monthly tuition payments that are due **on the first of each month, beginning on September 1, 2026**, and continuing through April 1, 2027. A **\$25 late fee** will be assessed if the payment is received after the fifth of the month.

By signing this form, you are indicating your understanding and acceptance of the Non-Refundable Registration and Commitment Fees, and that tuition payments are due on the 1st of the month, beginning September 2026 and continuing through April 2027.

Name of Child _____ Class(es) Registered _____

Parent's Name _____ Date _____

Parent Signature _____