

PROVIDENCE LUTHERAN CHURCH PRESCHOOL

840 Old Chapin Road, Lexington, SC 29072
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the little preschool with the big heart

February 2, 2026

Dear Parents,

It's time to jumpstart your summer! Providence Lutheran Church Preschool is excited to announce that registration is now open for our fun-filled Summer Program.

Who can attend?

Children ages **12 months through completion of 5th grade** are welcome—so preschoolers can bring along older siblings, cousins, and friends!

Program Dates & Schedule

- **June 8 - July 23, 2026**
- **Monday-Thursday**
- **8:30 a.m. - 12:30 p.m.**

Each week features engaging summer-themed activities, including crafts, games, songs, outdoor fun, and learning experiences cleverly disguised as play to keep young minds active all summer long.

Tuition & Fees

- **Summer tuition:** \$750 (Pay in full or in two installments)
 - \$375 due June 8
 - \$375 due July 6
- **Registration fee:** \$75
- **Administrative fee:** \$100

Please note: Children must be registered for the **entire 7-week program** (weekly or monthly enrollment is not available).

How to Register

To reserve your child's spot, submit a completed registration form along with the \$75 registration fee and \$100 administrative fee. Registration opens to the public on **February 16**. Space is limited, so early registration is encouraged! Additional details about tuition policies can be found on the registration form. If you have any questions, feel free to call or text **(839) 292-3587** or email PLCPreschool@hotmail.com.

Blessings,

Amber McNorton

Providence Lutheran Church Preschool Summer Registration and Tuition Policy

(4 days a week: Monday -Thursday 8:30-12:30)

To enroll your child in PLCP's summer program, please fill out the information below and attach the \$75 registration fee and \$100.00 admin fee (**non-refundable** _____, **initial here**) to this form.

Full Name _____ Age at time of registration: _____

Address _____ Zip Code: _____

Phone Number to use for contact: _____

Email to use for contact _____

Guardian/Father's Name: _____ Guardian/Mother's Name: _____

cell number: _____ cell number: _____

Emergency and Medical Information/Permission to Pick-up/Contact Information:

_____ The Student Information and Medical Form I provided for my child during the 2025-2026 school year (and the information as entered on Brightwheel) is still correct and may be used for the 2026 summer program.

_____ My child is new to the program or has attended previously. I am therefore submitting The Student Information and Medical Form which has all the updated/current information pertaining to my child.

Summer Tuition Policy: Tuition is \$750 for the summer and may be broken down into two installments (\$375 due June 8th and \$375 due July 6th) or paid in full up front. A late fee of \$25.00 will be charged for late tuition, and a \$50.00 fee will be charged for returned checks.

- There is a \$25.00 discount for siblings in the same household, after the first child.
- Once your child is registered, this holds the spot for your child in his/her class for the entire summer. Holidays will not change the amount due. Also, if your child has absences due to illness, vacation, family necessity, or simply by personal choice, you will not be reimbursed for the missed days; your monthly tuition payment is the same regardless of school days attended
- **The \$75.00 registration fee and \$100 Admin Fee is due at registration. These fees are non-refundable.**
- There is a \$20 fee for late pickup. (Anything 10 minutes after pickup time)

Parent Signature _____ Date _____

Providence Lutheran Church Preschool
Student Information and Medical Form

Child's Last Name: _____ First Name: _____

Name we should use at PLCP: _____ Birth Date: ____/____/____

Contact Information:

Address: _____

City: _____ Zip Code: _____

Primary Phone Number (s): _____

Primary Email Address: _____

(Please list the email address(es) we should use for school newsletters, announcements, school closings, and teacher communication.)

Home Phone (if different from primary phone number): _____

Family Information:

Mother's Name: _____ Mother's Cell or Work #: _____

Father's Name: _____ Father's Cell or Work #: _____

Does the child live with both parents? _____ If no, please explain.

Names and ages of children living in the same household:

Family Church: _____

Pick Up Information:

Please list the name and phone number of people who have permission to pick-up your child from preschool.

You do not have to include yourself on this list.

Name	Phone Number

Do court documents prevent anyone from picking up your child? If yes, please explain. The preschool may need to have a copy of the court documents on file.

Classroom Information: Is there any additional information about your child you would like the classroom teachers to know?

Emergency Contact Information:

In the event of an emergency and neither parent can be reached OR if neither parent is able to pick up the child in a reasonable amount of time, the following is a list of those who are authorized to pick up my child(ren) in an emergency situation.

Name	Phone Number	Relationship

Medical Information:

Doctor's Name: _____

Phone Number: _____

Dentist's Name: _____

Phone Number: _____

Insurance Company: _____

ID or policy #: _____

Please list any known food or drug allergies.

Please describe any conditions or health concerns that would limit your child in participating in classroom activities.
