

# Providence Lutheran Church Preschool Summer Registration and Tuition Policy

(4 days a week: Monday -Thursday  
8:30-12:30) The last week of summer is Monday- Friday  
No school Thursday, July 4<sup>th</sup>

To enroll your child in PLCP's summer program, please fill out the information below and attach the \$75 registration fee and \$100.00 supply 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 2023-2024 school year (and the information as entered on Brightwheel) is still correct and may be used for the 2024 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 \$700 for the summer and may be broken down into two installments (\$350 due June 3rd and \$350 due July 3rd) or paid in full up front. A late fee of \$20.00 will be charged for late tuition, and a \$50.00 fee will be charged for a returned check.

- 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 Summer Supply Fee is due at registration. These fees are non-refundable.**

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.

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

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