

Names and Ages of Siblings _____

Name of Physician: _____ Phone Number: _____

Does your child have any allergies? If so, what? _____

Does your child receive any special services? If so, what? _____

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 _____

2019-2020 Photo Release Permission Granted

Either

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

2019-2020 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 \$125 Registration Fee for new students (or \$100 for returning students), and a Commitment Fee of one month's tuition, including STEM Fridays and Lunch Bunch if applicable, to:

LPCP Director, Carly Guy
207 West Market Street, NW
Leesburg, VA 20176

Make checks payable to Leesburg Presbyterian Church Preschool or LPCP.

Next Steps:

Upon receipt of this form and the required **Registration and Commitment** fees, you will receive a **Registration Confirmation** letter with the **Commitment Acceptance Form**, an **Emergency Contact and Pick-Up Authorization** form that needs to be updated annually. You will be emailed a copy of the Parent Handbook and a form that you must print, sign and return indicating your acceptance of the Parent Handbook.

For new students we require an official copy of a current immunization record. The VA State Health Form provides all the necessary information and will be emailed to you. We are required to witness your child's original birth certificate. The Director will arrange a time for you to bring the certificate in for processing along with the required paperwork

If your child has a food allergy there are two forms that will be sent to in addition that must be filled out and signed by your Doctor. The Director will be in touch to arrange a time to meet to go over the procedures for your child.

All these forms should be in place before your child can start preschool.

For Office Use Only:

Date Received / / Registration Paid \$ _____ Commitment Fee Paid \$ _____

Check # _____ Initials: _____