



PROVIDENCE LUTHERAN CHURCH PRESCHOOL

840 Old Chapin Road, Lexington, SC 29072

Betsy Culler, Director 803-351-1851

PLCPreschool@hotmail.com

Amber McNorton, assistant director

330-980-1084

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Dear Parents,

Time again to jumpstart your summer!! Providence Lutheran Church Preschool is proud to announce that registration is now open for our super fun and super exciting summer program for students aged 12 mos. through completion of 5th grade. That's right, your preschool child can also bring big brothers and sisters, cousins, and friends to join the fun!

The 2025 program runs from Monday June 9th - through Friday, July 24th, and is offered **four** days a week, Monday -Thursday mornings from 8:30-12:30.

Each week there are entertaining, summer-related themes with lots of crafts to make, games to play, songs to sing, plenty of time enjoying the sunshine, and plenty of learning too (cleverly disguised as fun!) to keep those summer brains active and engaged.

Tuition is \$750 for the summer and may be broken down into **two** installments (\$375 due June 9th and \$375 due July 9th) **or** paid in full up front. There is also a \$75 registration fee and \$100 supply fee. Children must be registered for the entire 7 weeks, and not on a weekly/monthly basis.

To hold a spot for your child(ren) in the summer program, return a completed registration form, the \$75 registration fee and \$100 supply fee. **Registration will open to the public on February 18th**. Spots are limited, so reserve yours today and help your child get the most out of summer break!

The registration form has additional information about the summer tuition policy. If you have any questions at all, please do not hesitate to call, text (803) 351-1851 or email me. at PLCPreschool@hotmail.com.

Blessings,

Betsy Culler & 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 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 2024-2025 school year (and the information as entered on Brightwheel) is still correct and may be used for the 2025 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 9th and \$375 due July 9th) 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.

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