



PROVIDENCE LUTHERAN CHURCH PRESCHOOL

840 Old Chapin Road, Lexington, SC 29072

Betsy Culler, Director 803-351-1851

Amber McNorton, Director 330-980-1084

PLCPreschool@hotmail.com

February 3rd, 2025

Dear Parents,

It is time to register for the 2025-2026 PLC Preschool year. We are making plans for a fun filled year. Attached is a registration packet for your child (ren), which contains all the information needed to register.

Preschool hours are 8:30-12:30, Monday-Thursday. If your child will be participating in lunch bunch on Tuesdays, the hours will be 8:30-1:30. Monthly tuition prices are as follows:

MMO Classroom: 12 months/young 2's

M/W	\$230.00
T/Th	\$230.00
M/T/W/TH	\$375.00

2-Year-Old Preschool Classroom

M/W	\$230.00
T/Th	\$230.00
M/T/W/TH	\$355.00

3-Year-Old Preschool Classroom

M/T/W/Th	\$355.00
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4-Year-Old Preschool Classroom

M/T/W/Th	\$355.00
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Registration packets need to be completed and returned with payment of registration and supply fees.

We cannot hold a place for your child without these items. _____ *initial here*

Registration will be open to the community starting February 18th. Several of our classes have the potential to fill up with those currently enrolled students.

Current immunizations records will be required no later than September 5th, 2025

If you have any questions, please e-mail the directors at PLCPreschool@hotmail.com or call or text 803-351-1851, or 330-980-1084

Sincerely,

Betsy Culler

Director

Amber McNorton

Director

Providence Lutheran Church Preschool Registration Record 2025-2026

Child's Last Name: _____ First _____ M.I. _____

Parents' Name: _____

Address: _____

Contact Phone: _____ Contact Email: _____

Date of Birth: _____ Age on September 1, 2025 _____

I would like to register my child for: *(Please check all that apply.)*

_____ M/W MMO (12 months – young 2's)

_____ M/T/W/ Th 3-year-old

_____ T/Th MMO (12 months – young 2's)

_____ M/T/W/Th 4-year-old room

_____ M/W 2-year-old room

__ Tuesday Lunch Bunch

_____ T/Th 2-year-old room

(2, 3, 4's only; **MMO children will be accepted if they are fully feeding themselves**)

Non-Refundable Fees

Due at time of registration

Registration Fee \$ 110.00

Supply Fee (MMO/2's- 2 day) \$ 200.00

Supply Fee (MMO/2's/3'and 4's – 4 day) \$ 300.00

Monthly Tuition*

Due by the 1st of each month

M/W MMO \$230.00

T/Th MMO \$230.00

M/W 2's \$230.00

T/Th 2's \$230.00

M/T/W/TH MMO \$375.00

M/T/W/TH /2'S \$355.00

M/T/W/Th 3's \$355.00

M/T/W/Th 4's \$355.00

This Program is "NOT" set up for daily payments. Once your child is enrolled, the tuition is due regardless of attendance.

A \$25.00 discount will be applied to the second child registered from the same family.

Children in the 3-year-old classroom must be fully potty trained. _____ *initial here

Providence Lutheran Church Preschool Tuition Policy

- Registration and supply fees are due annually and are non-refundable and are not considered tuition.
- Tuition is due on the first of each month and is late on the 5th.
- A \$25.00 fee will be charged for late tuition and \$50.00 for a returned check.
- A \$20 fee will be charged for Late pickup (later than 12:40 for regular day, 1:10 for gymnastics and 1:40 for lunch bunch)
- **Full tuition is to be paid each month for nine months. Absences and holidays will not change the amount due.**

Parent Signature: _____ Date: _____

For PLCP Use

Date Registered: _____ Child's Last Name: _____

Reg. Fee: _____ Supply Fee: _____ Age Sept. 1: _____

Check #: _____ Immunization Rec: _____ Classroom: _____

**Providence Lutheran Church Preschool
TEACHER INFORMATION FORM**

Child's Last Name: _____ First Name: _____ M.I.: _____

Name used at home: _____ Birth Date: ____/____/____

Age as of September 1, 2025: _____

Contact Information:

Primary Phone Number: _____

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

Address: _____

City: _____ Zip Code: _____

Family Information:

Mother's Name: _____

Mother's Cell: _____ Mother's Work Phone: _____

Father's Name: _____

Father's Cell: _____ Father's Work Phone: _____

Names and ages of children living in the same household

Family Church: _____

Classroom Information:

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.

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

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.

Medical Release:

I agree that in the event of a serious accident, illness, or emergency and if the staff is unable to reach a parent or one of listed emergency contacts, a staff member of PLCP has permission to contact the doctor/dentist above and act according to his or her medical advice. In the case immediate medical attention is necessary, my child will be transported to Palmetto Richland's Children's Hospital Medical by ambulance or in a staff member's car and be treated as the attending physician deems necessary.

I certify that to the best of my knowledge my child is in good mental and physical health and is able to participate in the Providence Lutheran Church Preschool program.

Parent Signature: _____

Date: _____