

Lexington Baptist Preschool Registration 2024-2025 School Year

Lexington Baptist Preschool will offer classes for children 18-months-old to 5K for the 2024-2025 School Year. Our 5K is a program that will allow students to continue to learn and grow at LBP while they prepare for Elementary School. Registration forms are to be filled out completely and turned in starting January 3rd. The registration fee will be charged to Brightwheel accounts and must be paid to secure the student's placement in the program.

Students will be placed in classes as space is available. If there are no openings left in a class, the child will be placed on a waiting list.

Please register your child for the days you would like them to attend. Teacher contracts and class placements change each year. Our administrative staff will balance classes by age and gender to ensure a successful classroom. We will not take teacher requests as we are unsure where each teacher will be placed for the upcoming school year. Every teacher we have at LBP considers this her ministry and is gifted in loving and instructing each child. We prayerfully consider and place children in the appropriate classroom.

Current LBP Families Registration will begin January 3, 2024

LBC Member Registration will begin January 14, 2024

Public Registration will begin on February 6, 2024, at 9:00am in the Children's Building Lobby

The first day of School will be Monday August 19, 2024, and the last day of School will be Wednesday, May 14, 2025.

Thank you for your support towards Lexington Baptist Preschool. If you have any questions, feel free to contact Jeany Watkins (Director) at jwatkins@lexingtonbaptist.org or Angie Fowler (Assistant Director) at angie@lexingtonbaptist.org.

Thank you,

Jeany Watkins

Lexington Baptist Preschool

2024-2025 School Year Registration Form

Office Use Only

Registration Fee pd: __/__/__

Cash/ B.W./ Check # _____

Classroom: _____

Classes: (Please check one of the following options below)

18-month-old Program	2-day M/T _____	2-day W/Th _____	4-day M-Th _____	
2K Program	2-day M/T _____	2-day W/Th _____	3-day M-W _____	4-day M-Th _____
3K Program	2-day W/Th _____	3-day M-W _____	4-day M-Th _____	
4K Program	3-day M-W _____	4-day M-Th _____		
5K Program	4-day M-Th _____			

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age as of September 1, 2024: _____ Sex: _____

Street: _____

City: _____ State: _____ Zip: _____

Family Information

Mother's Full Name: _____ Occupation: _____

Cell: _____ Work: _____ Home: _____

Email address: _____

Father's Full Name: _____ Occupation: _____

Cell: _____ Work: _____ Home: _____

Email address: _____

Does the child reside with both parents? _____ If no, with whom: _____

List brothers and sisters of child:

Name _____ Age as of September 1, 2024 _____

Name _____ Age as of September 1, 2024 _____

Name _____ Age as of September 1, 2024 _____

Name _____ Age as of September 1, 2024 _____

Church Information

Family's Church Membership _____ If none, preference _____

Does the child attend Sunday School? Yes _____ No _____

Emergency Contact Information

In case of an emergency and parents cannot be located, whom may we contact locally? (Please list two people)

Name: _____ Relationship to child: _____

Cell: _____ Additional number: _____

Address: _____

Permission to pick-up child from Lexington Baptist Preschool: yes _____ no _____

Name: _____ Relationship to child: _____

Cell: _____ Additional number: _____

Address: _____

Permission to pick-up child from Lexington Baptist Preschool: yes _____ no _____

Permission to Pick-up

The following people besides the parents and/or emergency contacts are given permission to pick up my child, _____, from Lexington Baptist Preschool. Proof of identification will be used through Driver's License, Family Code Word, and Student Number (given out during school orientation).

Family Code Word: _____

Name: _____ Relationship to child: _____

Cell: _____ Additional number: _____

Address: _____

Name: _____ Relationship to child: _____

Cell: _____ Additional number: _____

Address: _____

Name: _____ Relationship to child: _____

Cell: _____ Additional number: _____

Address: _____

Name: _____ Relationship to child: _____

Cell: _____ Additional number: _____

Address: _____

Parent Signature: _____ Date: _____

Medical Emergency Instructions

Doctor: _____ Telephone: _____

Address: _____

Dentist: _____ Telephone: _____

Address: _____

I, _____, hereby grant to Lexington Baptist Preschool Staff the right to act on my behalf in case emergency medical treatment is necessary and, if needed, to transport to Lexington Medical Center, by calling 911, to secure the safety and well-being of my child, _____, until such time I can be located. I will be responsible for all expenses incurred.

If not Lexington Medical Center, where? _____

Parent Signature: _____

Date: _____

Medical Information:

A. Does the child have allergies? _____

If so, please specify: _____

B. Is emergency treatment needed for these allergies? _____

If so, please specify: _____

Medical Remarks: Please list anything that would restrict your child's physical ability to participate fully in all parts of the program. Please include any specific medical problems.

Medication Information: Please list any medications that your child will have at the preschool and purpose of medication. A separate permission form will be needed for all medications given while at Lexington Baptist Preschool. The LBP staff will not administer medication unless a parent leaves written instructions and medication is in original container.

Other Remarks: Please list any special instructions or any other information which you feel may help the Preschool staff work better with your child:

Authorization Form

Permission to Participate:

Parent Initials _____ I hereby give my child permission to participate in all activities of Lexington Baptist Preschool; including field trips (Students 18-months-old to 3K will not leave the church property for field trips). I understand that every precaution will be always taken for the safety of my child, and I will not hold the Preschool, the Staff, or Lexington Baptist Church responsible in case of an accident. (Field trips will be listed on the calendar that comes home the first of every month.)

Permission to use Photographs and/or Videos:

Parent Initials _____ I hereby give Lexington Baptist Preschool and Lexington Baptist Church permission to use photographs or video of my child, individually or in-group settings, during the school year. These photographs/videos may be used in promotional materials, projects, on bulletin boards, and on the Lexington Baptist Preschool and Lexington Baptist Church Facebook page.

Release Information:

Parent Initials _____ I release and forever discharge Lexington Baptist Church, the Preschool of LBC and the staff of LBC and the Preschool from all claims, demands, actions, or causes of action, past, present, or future arising from the use of said photographs/videos.

Permission for State or Local Newspaper:

Parent Initials _____ Occasionally the state or local Newspaper comes to Church to photograph an activity for publication. Permission is hereby given for my child to be included in such photographs and publication.

Child's Name: _____

Parent's Signature: _____ Date: _____

Financial Information

Registration Fee:

A non-refundable Registration Fee of \$150 is due when the registration form is submitted to hold a place in the Weekday Preschool Program. This may be paid via cash, check, or Brightwheel. Siblings receive a \$10 discount on Registration Fees.

Supply Fee:

There is a yearly supply fee for all students. This includes Music Class for all students and Art Class for our three-year-old program and four-year-old program.

18-month-old and 2K Programs	\$110/year Divided into three payments of \$36.66 on September 1 st , January 1 st , and March 1 st .
3K and 4K Programs	\$125/year Divided into three payments of \$41.66 on September 1 st , January 1 st , and March 1 st
5K Program	\$160/year Divided into three payments of \$53.33 on September 1 st , January 1 st , and March 1 st

Two-day Program (18-month, 2K, 3K classes)	\$180/Monthly Tuition (September through May) \$90/August Prorated Tuition
Three-day Program (2K, 3K, 4K classes)	\$200/Monthly Tuition (September through May) \$100/ August Prorated Tuition
Four-day Program (18-month, 2K, 3K, 4K classes)	\$215/Monthly Tuition (September through May) \$107.50/ August Prorated Tuition
Four-day Program (5K classes)	\$265/Monthly Tuition (September through May) \$132.50/ August Prorated Tuition

Tuition:

**Tuition is charged from August 2024 through May 2025.
August Tuition is prorated half of the monthly tuition.**

I agree to pay \$ _____ per month for tuition for my child, _____. This payment is due by the 10th of each month. I agree that my child may not be allowed to attend if payments are not made according to these policies. A two-week written notice must be given if I withdraw my child from the program.

Parent Signature: _____

Date: _____