



## Registration 2026/2027 School Year

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: ( ) Male ( ) Female

Mailing Address: \_\_\_\_\_

Placement occurs in the following order (please circle your child's category below):

currently enrolled sibling-church member sibling-non church member alumni general public

<b>Class options (please mark 1<sup>st</sup> and 2<sup>nd</sup> Choice)</b>	<b>Monthly Tuition</b>	<b>Teacher:Student Ratio</b>
( ) Mon/Wed: Two Years of Age by 8/31/26	\$ 278	2:10
( ) Tues/Thurs: Two Years of Age by 8/31/26	\$ 292	2:10
( ) Mon/Wed/Fri: Three Years of Age by 8/31/26	\$ 360	2:12
( ) Tues/Thurs/Fri: Three Years of Age by 8/31/26	\$ 376	2:12
( ) Monday-Thursday: Four Years of Age by 8/31/26	\$ 431	2:14
( ) Monday-Friday: Four Years of Age by 8/31/26	\$ 530	2:14

*\*\*All children must be the age of their enrolled class by August 31, 2026. Children remain with their class for the entire school year and do not change classes on their birth date.*

*\*\*\*Tuition and programming are subject to minor change pending CMS calendar adjustments and/or final enrollment count.*

Payment to be Submitted:

Registration Fee \$ 100

Tuition (please submit payment for 1<sup>st</sup> choice) \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Method of Payment: ( ) check ( ) sent through your bank's electronic bill pay ( ) through Brightwheel App (processing fee will be added)

( ) If you, as the child's parent/guardian, are a pledging member of St. Alban's Episcopal Church as of January 1, 2026 please check here and verification will be obtained from the parish administrator.

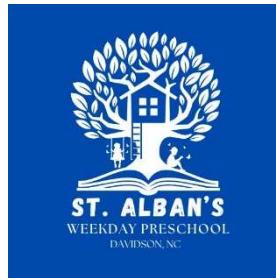
Please list names/ages of siblings that you are registering (each child needs to have his/her own form): \_\_\_\_\_

**Please indicate by your signature that you understand the financial policies as stated: The registration fee and last month's tuition are due at registration and are not refundable if offered admission. The second tuition payment and one time \$125 enrichment fee will be due September 1<sup>st</sup>. Payments are due on the 1<sup>st</sup> of the month September-April.**

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Parent Signature

Date



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## 26/27 School Year Contacts

### Parents/Guardians:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts:

*If parent/guardian cannot be contacted, please call the following who are also authorized to pick up my child:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Other Authorization for Release:

*The following additional people have permission to pick up my child from preschool, but would not be called in an emergency (neighbors, friends, etc)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Page 2 Child's Name \_\_\_\_\_

### **Getting to Know Your Child:**

Sibling names, ages, schools:

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What are your child's favorite activities? \_\_\_\_\_

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What are your child's least favorite activities? \_\_\_\_\_

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Is your child fearful of anything (separation, loud noises, etc.)? \_\_\_\_\_

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What things are comforting to your child? \_\_\_\_\_

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What time does your child go to bed? \_\_\_\_\_

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Does your child take naps (if so, how long, when): \_\_\_\_\_

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Food preferences/dislikes: \_\_\_\_\_

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What are your expectations for your child at preschool this year? \_\_\_\_\_

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Please list any family/home situations that we should be aware of: \_\_\_\_\_

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Any other information that you would like to share: \_\_\_\_\_

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Page 3 Child's Name \_\_\_\_\_

## Consent Form

**Permission to Photograph:** Your child's photograph will be used from time to time within the preschool for special art projects, classroom scrapbooks, etc. Teachers send pictures to parents in the Brightwheel App and their weekly newsletters. We will not use your child's photo on the preschool website, Facebook page, or any promotional materials without your signed permission below. By signing here, I give permission for my child's photograph to be used on the preschool website, Facebook page, or in any promotional materials. We will never use a child's name.

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Parent Signature

Date

**Directory Information:** Each family enrolled in the preschool will receive a class roster that includes your child's name, parent names and email/phone provided at registration.

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Parent Signature

Date

**Parent/Guardian Consent for Treatment:** I consent to have my child receive first aid treatment by St. Alban's Weekday Preschool staff in the event of an injury. I understand that SAWP staff will contact 911 in the event of a life-threatening emergency, and I hereby authorize SAWP staff to perform any necessary first aid/CPR while waiting for medical assistance to arrive. If it is deemed necessary to transport my child by emergency vehicle to the nearest hospital, I also agree that SAWP staff may authorize emergency medical care by hospital staff in the event that cannot be contacted immediately.

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Parent Signature

Date

**Polices and Procedures:** My signature indicates that I understand and agree to abide by all financial policies, preschool procedures, and policies related to day to day operations, health and safety, discipline, and the educational program as found in the family handbook.

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Parent Signature

Date



## Physician's Statement Due by August 1, 2026

Please note that this form must be filled out, signed, and stamped by the child's physician and please also attach an up-to-date vaccination record, documented catch up plan, or documented medical exemption.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of last "Well Check": \_\_\_\_\_

Please list any long-term medication(s) taken by this child and possible side effects that we might observe:

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Please list any medical, developmental, or behavioral conditions (i.e. developmental/speech delays, OT/PT referrals, etc) that we should be aware of:

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Does child have any allergies to food or medication that we should be aware of?

yes (*if the answer is yes, please fill out allergy action plan*)  no

Is the child able to participate in all indoor/outdoor physical activities at preschool or preschool summer camp?  
 yes  no

Is the child up to date with all immunizations according to the American Academy of Pediatrics recommendations?  yes  no

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_