



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

Class options (please mark 1 st and 2 nd Choice)	Monthly Tuition	Teacher:Student Ratio
() 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 1st choice) \$ _____

Total Due \$ _____

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

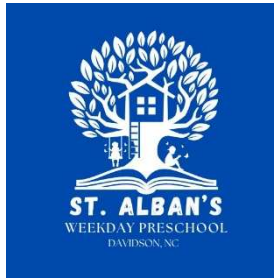
() If you, as the child's parent/guardian, are a pledging member of St. Alban's Episcopal Church as of January 1, 2026 please check here and verification will be obtained from the parish administrator.

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 1st. Payments are due on the 1st of the month September-April.

Parent Signature _____

Date _____



Page 1, Child's Name _____

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: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Getting to Know Your Child:

Sibling names, ages, schools:

What are your child's favorite activities? _____

What are your child's least favorite activities? _____

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

What things are comforting to your child? _____

What time does your child go to bed? _____

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

Food preferences/dislikes: _____

What are your expectations for your child at preschool this year? _____

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

Any other information that you would like to share: _____

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.

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.

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.

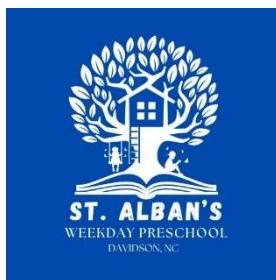
Parent Signature

Date

Policies 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.

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:

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

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 _____