



REGISTRATION FORM 2024-25

105 S. Main Street
Shrewsbury, PA 17361
717-235-0459 clpskids.org

Mommy & Me (2's)

(must be 2 by 8/31/24)

- Friday 9:00-10:30
- Friday 10:45-12:15

Young 3's (must be 3 by 12/31/24)

- (MW) AM
- (TTh) AM

Preschool (3-4 Year Olds)

(must be 3 by 8/31/24)

- 3 day (MWF) AM ***
- 3 day (MWF) PM
- 2 day (TTh) AM

****Must be 5 by 12/31/24 or by teacher recommendation
***Must be 4 by 12/31/24 or by teacher recommendation*

Pre-K (4-5 Year Olds)

(must be 4 by 8/31/24)

- 5 day (M-F) AM **
- 4 day (MTWTh) AM
- 4 day (MTWTh) PM
- 3 day (MWF) AM
- 3 day (MWF) PM

Registration Fee: (Non-refundable)

\$25.00 Mommy & Me,

Received _____ Check # _____ Cash

\$50.00 Young 3's, Preschool, Pre-K

Child's Name: _____ Nickname _____ Date of Birth _____ M/F

Address: _____ City: _____ State: _____ Zip: _____

Phone _____ Email Address _____

School District/Elementary School: _____

Daycare Provider (If applicable) _____ Phone _____

Siblings (ages) _____

Emergency Contacts

Please list in the order we should contact in the event of illness, bathroom accidents, late pick-up, etc.:

Parent/Guardian 1

Name _____
 Relationship _____
 Address _____

 Phone # _____
 Email _____

Parent/Guardian 2

Name _____
 Relationship _____
 Address _____

 Phone # _____
 Email _____

Emergency Contact 3

Name _____
 Relationship _____
 Phone # _____

IMMUNIZATION REQUIRMENTS Records received by CLPS _____ * Updated immunization records are due by **9/12/2024** If your child has their well visit scheduled soon, please let us know in the office.

Medical/Personal History (please check all that apply)

- Previous group or preschool experience. Where and when?
- Allergies _____ Potty Trained Working on Potty Training
- Speech Hearing LIU Services _____ Premie _____

Child's name: _____

Other special needs or concerns: _____

Medical Emergency Authorization

In the event of an emergency, I authorize CLPS staff to provide any first aid care deemed necessary for my child.

Signature/date

In the event of an emergency, in which I cannot be reached, I authorize CLPS staff to accompany my child to the hospital by ambulance for any emergency care deemed necessary.

Signature/date

Preschool Policies: (Initial after each policy.)

- If you are going to be late to pick up your child, we must receive a phone call BEFORE dismissal time or you will be assessed a late pick-up fee of \$10 for up to 15 minutes. After 15 minutes, an additional \$1 per minute will be added. _____
- Monthly Tuition is due on the **1st of the month**. A late fee of \$20 will be assessed if your tuition is not paid by the **10th of the month**. _____
- If your tuition is not paid by the 10th of the month, your child will not be allowed to stay for Lunch Bunch. _____
- If your tuition is still outstanding by the 15th of the month, your account will be assessed a charge of \$5/day and your child will not be permitted to come to class until the balance is paid. _____
- If your tuition is not paid by the end of the month, we reserve the right to commence legal proceedings to recover the debt and you may be responsible for any associated legal fees or collection costs. _____
- When using Lunch Bunch, if paying by cash, payment is expected that day. If paying by credit card on file, we will charge the LB balance on the 15th of the month. _____
- A service charge of \$25 will be assessed for any returned check and a \$10 charge will be assessed for any declined credit card. _____
- If you choose to withdraw your child during the school year, you must provide written notice at least 30 days prior to your child's last day of attendance. Failure to provide will result in additional monthly tuition obligations for the notice period. _____
- If Preschool services are no longer being rendered and there is an outstanding balance on your account, we reserve the right to commence legal proceedings to recover the debt and you may be responsible for any associated legal fees or collection costs. _____

I have read and understand this enrollment agreement and agree to all its contents.

Parent/Guardian Signature

Date

The yearly tuition is prorated from September through May (9 equal installments.) An invoice will be sent in June and **due on July 1st** for September tuition. An invoice will be sent in July and **due August 1st** for May tuition. Monthly tuition invoices will begin October 1st.

The tuition rates for the 2024-25 school year:

- 1 day -\$450 - \$50 per month
- 2 day -\$1,350 - \$150 per month
- 3 day -\$2,025 - \$225 per month
- 4 day -\$2,700 - \$300 per month
- 5 day -\$3,375 - \$375 per month