



**MCGREGOR PRESBYTERIAN PRESCHOOL
REGISTRATION PACKET FOR 2026-2027**

1. This packet contains information for the 2026-2027 school year. Please complete the registration form and **pay the registration fee**. Current students and church members have until February 13th to complete registration. The public will be allowed to register on March 2nd.
2. If you are new to our school, we ask that you take a tour of our facility with the director. We ask that you bring your child so that he or she will get to see the physical environment, meet the teachers, and observe children engaged in their activities. If you visit during the summer months your child will have the opportunity to see our classrooms and the playground. They will meet their teachers in August.
3. The registration fee for all classes is **\$150.00**. This fee is payable at the time of registration and serves as your commitment to hold your child's place until school begins. The cost for each additional sibling is **\$75.00**. The registration fee is the only payment you will send with your form at this time. **ALL FEES** are **NON-REFUNDABLE**, including registration, 1x supply fee, and tuition payments.
4. You will need to pick up a packet of information on **August 12th between 9 a.m. and 12 p.m. At this time, you will pay the tuition fee for September and the one-time supply fee**.
5. Tuition is paid in full each month regardless of the number of days your child attends school. The one-time, non-refundable supply fee is necessary for our program expenses that include art, crafts, paper products, disposable gloves, music supplies and special projects for Christmas and other holidays.
6. Please read your emailed invoice and pay online or send a check in your child's folder. **We no longer accept cash for any reason. We are accepting online payments with an additional fee of 3.1% per transaction. If paying by check, please remember to deduct the convenience fee from the total.**
7. We will have a special time for parents and children the week before school begins called "Meet and Greet". This scheduled date and time will be given to you in an email from your child's teachers. Please make sure your email address is printed clearly on the registration form.
8. We follow the school calendar of Lexington/Richland District Five, apart from our opening date and ending date. There is no change to our school day on elementary early release days. All district in-service days, holidays and inclement weather policies will be the same. In the event there is a 2 hour delayed opening due to weather, we will be closed.
9. Your child should be the correct age to enroll in a specific class by September 1. **All children entering the 3-year-old classes are required to be potty-trained. There are no exceptions to this policy due to regulations per DSS.**
10. We follow all requirements for faith-based programs through our registration with the SC Department of Social Services. You will need to contact your pediatrician to fax/mail the Immunization Form (DHEC 4024) by the first day of school. Fax # (803) 781-2538

11. If your child has been diagnosed with special needs, we will need to discuss options for enrollment. If the care of any child exceeds the amount of care two staff members can provide, we will be willing to provide resources and referral information to you. All surrounding public-school districts offer many services to children with different needs. We will be happy to help you with that process.
12. The fees for tuition and supplies are listed below. The monthly fees are due no later than the 10th of each month. Failure to comply with that date will result in a late fee of \$25. Failure to comply with payment for two consecutive months will result in withdrawal from the preschool until fees are paid in full.
13. Our operating schedule is as follows: Preschool children come to school from 9:00 a.m. - 12:00 p.m. Drop-off begins at 8:45 a.m. and pick-up begins at 11:45 a.m. Late pick-up fees apply at 12:01pm.
14. Early Birds (EB) will be available for \$11.50 per day from 7:30 a.m. – 8:40 a.m. The fee will be added to your tuition card each month. Sign up is on the registration form. You will be charged for the space you reserve regardless of attendance.
15. Lunch Bunch (LB) will also be available for an additional cost from 12 p.m. – 2 p.m. You will be charged for the space you reserve regardless of attendance. You must provide your child's lunch, ready to eat. No microwave or kitchen is available to heat or cool food and drink. Pick up begins at 1:45 p.m. and late fees apply at 2:01 pm. Sign-up is on the registration form.
16. We are unable to hold a spot for any child without payment. If you visit our preschool and wish to enroll after your visit, you will have three (3) business days to complete the paperwork and return it to us with your fees. After that time your child's name will go on a wait list which is maintained throughout the school year. No fee is required to be on the wait list.
17. Please direct all calls concerning the registration process to our director, Christine Manley at 803-781-2539 or send an email to preschool.director@mcgpres.org.

TUITION AND SUPPLY FEES

<u>Class</u>	<u>Monthly Tuition</u>	<u>Supply Fee (1 time)</u>
Five days 2-, 3-, and 4-year-old classes	\$295	\$150
Two days per week/2-year-olds	\$220	\$120
Three days per week/2-year-olds	\$240	\$125
Five-day 1-year olds	\$450	\$145
Three days per week/1-year olds	\$245	\$95
Two days per week/1-year olds	\$225	\$85

LUNCH BUNCH POLICIES

1. Our Lunch Bunch extended program from 12 p.m.-2 p.m. is offered to children enrolled in the 2-5-year-old classes. Children enrolled in the one-year-old class are not eligible to stay for Lunch Bunch. Sign up is available on the registration form.
2. The program begins at noon each day and ends at 2:00 p.m. The pick-up line starts at 1:45 p.m. Failure to pick up your child by 2:00 p.m. will result in a late fee.
3. You may choose 1-5 days according to the number of days your child attends school each week. If you decide to withdraw your child from Lunch Bunch at any time during the year, it is imperative that you call the office to notify us.
4. If your child should miss a day of Lunch Bunch you will still be charged on the invoice. We base our staffing on the number of children enrolled each day. **We are not able to switch days if your child should miss a day.** If there are extreme circumstances and your child is going to be out for an extended period, please call the office and we will discuss it.
5. If you are interested in having your child drop-in one day, please call or email with your request. The cost for a **drop-in space is \$15.00 per day** which will be added to your invoice for the month.
6. The children will eat lunch together and then play on the playground. There are no structured activities planned.
7. If we have a rainy day the children will play in Glenn Hall after eating lunch.
8. We strongly encourage you to send a lunch that is healthy. No carbonated beverages should be sent. We will assist the children in opening items, but we are **unable to microwave or refrigerate meals.**
9. **We are a NUT free school.** Please check packaging to make sure food items are packaged in a nut free facility and are free from any nut ingredients.
10. **Under NO circumstances should outside fast food be brought in for lunch.**
11. The Lunch Bunch fee is calculated on a sliding scale as follows:
 - \$13.00 per day to stay one day per week.
 - \$12.50 per day to stay two days per week.
 - \$12.00 per day to stay three days per week.
 - \$11.50 per day to stay four days per week.
 - \$11.00 per day to stay five days per week.

EARLY BIRDS DROP OFF PROCEDURES/POLICIES

1. Our Early Birds Program allows the opportunity to drop off children beginning at 7:30 a.m. We offer this program to all ages. We limit the number of children to 16 and staff the program with 2 teachers.
2. Parents are required to walk their children each day into Glenn Hall through the 1-year-old room from the playground entrance. The staff members will walk all the children to their appropriate classrooms at 8:40 a.m.
3. You will have the opportunity to sign up for Early Birds on the registration form. We will start a wait list if necessary. The cost will be **\$11.00 per day, per child**. The fee will be added to your monthly invoice. We will calculate the amount each month based on the number of days we are in school. You will not be charged for in-service days and holidays. However, once you commit to a schedule you will be charged that amount per month regardless of the number of days your child attends. If for any reason you need to withdraw from the program, you will need to notify the office immediately.
4. We ask that you refrain from bringing any food or drink to Early Birds. **Please finish all breakfast food and drink prior to entering the building.** The children will be allowed to play in Glenn Hall with the toys and will go to the playground as the weather permits.
5. Unless your child is enrolled in Early Birds, we ask that you stay in your vehicle, in the carpool line, until drop off begins. Drop off for Preschool begins at 8:45 a.m. There will be NO EXCEPTIONS to the drop-off time.

Student Information:

Last Name:	First Name:	Middle Name:
Goes by:	Male/Female:	Date of Birth:
Address:	City:	State: Zip:
Parent/Guardian:	Mobile Phone:	
Occupation/Employer:	Work Phone:	
Email Address:		
Parent/Guardian:	Mobile Phone:	
Occupation/Employer:	Work Phone:	
Email Address:		

Are you a church member of McGregor Presbyterian? Y or N Primary language spoken at home:

Does this child have a sibling currently enrolled in McGregor? Y or N If yes, sibling name?

Any other information/special interests you would like to share about your child?

Any health concerns/allergies?

Program Enrolling For: Please circle number of days for Ones and Twos

One year olds:	2 days (Tues/Thu)	AND/OR	3 days (Mon/Wed/Fri)
Two year olds :	2 days (Tues/Thu)	AND/OR	3 days (Mon/Wed/Fri)
Three year olds:	5 days (Mon/Tue/Wed/Thu/Fri)		
Four year olds:	5 days (Mon/Tues/Wed/Thu/Fri)		

Early Birds and/or Lunch Bunch**Please circle which days you are signing up for.**

Early Birds 7:30-8:40am	Mon	Tues	Wed	Thu	Fri
Lunch Bunch 12:00-2:00pm	Mon	Tues	Wed	Thu	Fri

WE MUST HAVE A VALID DHEC IMMUNIZATION RECORD ON ALL CHILDREN PRIOR TO ATTENDANCE

Photography Release:

Photos may be taken of the children during normal activities or special events. These photos may be published on the McGregor Preschool websites or private classroom pages.

I, _____, hereby grant permission to McGregor Presbyterian Church and Preschool to take and use photographs as noted above. _____ Initial

Emergency Treatment:

If my child, _____ requires emergency medical treatment and neither the parents nor designated responsible adults can be reached, I authorize the school staff to seek emergency medical care for my child. _____ Initial

I agree to pay a non-refundable registration fee at the time of registration. I also agree to abide by all the policies of McGregor Presbyterian Preschool Handbook, including but not limited to the Tuition Payment Policies, Debit/Credit card services, Discipline Policy and Emergency Medical Plan. I further agree to give 30 days' notice of withdrawal which must be presented in writing.

Signature of Parent

Date

FOR OFFICE USE ONLY

Date:	Amount:	Method: Credit Check	Age:	Days:
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MCGREGOR PRESCHOOL**AUTHORIZATION FOR PICK-UP FORM**

CHILD'S FULL NAME: _____ D.O.B. _____

NAME CALLED: _____ AGE GROUP _____

PARENT/GUARDIAN NAME: _____

HOME#: _____ WORK#: _____ MOBILE#: _____

PARENT/GUARDIAN NAME: _____

HOME#: _____ WORK#: _____ MOBILE#: _____

PHYSICIAN'S NAME: _____ OFFICE#: _____

***MEDICAL INFORMATION (allergies, etc.): _____**

The following people have permission to pick up my child from McGregor Preschool at any time: **(Please inform these people to have picture identification with them in order to pick up your child.)**

NAME (and goes by if applicable)	RELATIONSHIP	BEST NUMBER TO CALL
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

McGregor Preschool will not release your child to any person not listed above without your expressed written permission.

Comments: _____

PARENT SIGNATURE

DATE

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____ Select County ...

Address: _____ Street Address – no Post Office Boxes _____ City, State, Zip

Child's Name: _____ Last _____ First _____ Middle Initial _____ Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____ Street Address _____ City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

	Full Name	Relationship
Address: _____	Street Address	City, State, Zip
Telephone Number(s): _____	Family Code Word(s): _____	

2. Person responsible if parent/guardian unavailable for emergency medical services:

	Full Name	Relationship
Address: _____	Street Address	City, State, Zip
Telephone Number(s): _____	Family Code Word(s): _____	

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: Mon Tue Wed Thurs Fri Sat Sun

Check all meals Child will receive daily: Meals are not offered Breakfast Morning Snack Lunch

Afternoon Snack Dinner Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____ Name _____

Street Address _____ City, State, Zip _____ Telephone _____

Emergency Care Provider: _____ Emergency Facility Name _____

Street Address _____ City, State, Zip _____ Telephone _____

Dental Care Provider: _____ Name _____

Street Address _____ City, State, Zip _____ Telephone _____

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____ Child's Name _____

is in good mental and physical health and able to participate in the child care program at _____

Name of Child Care Facility _____

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee