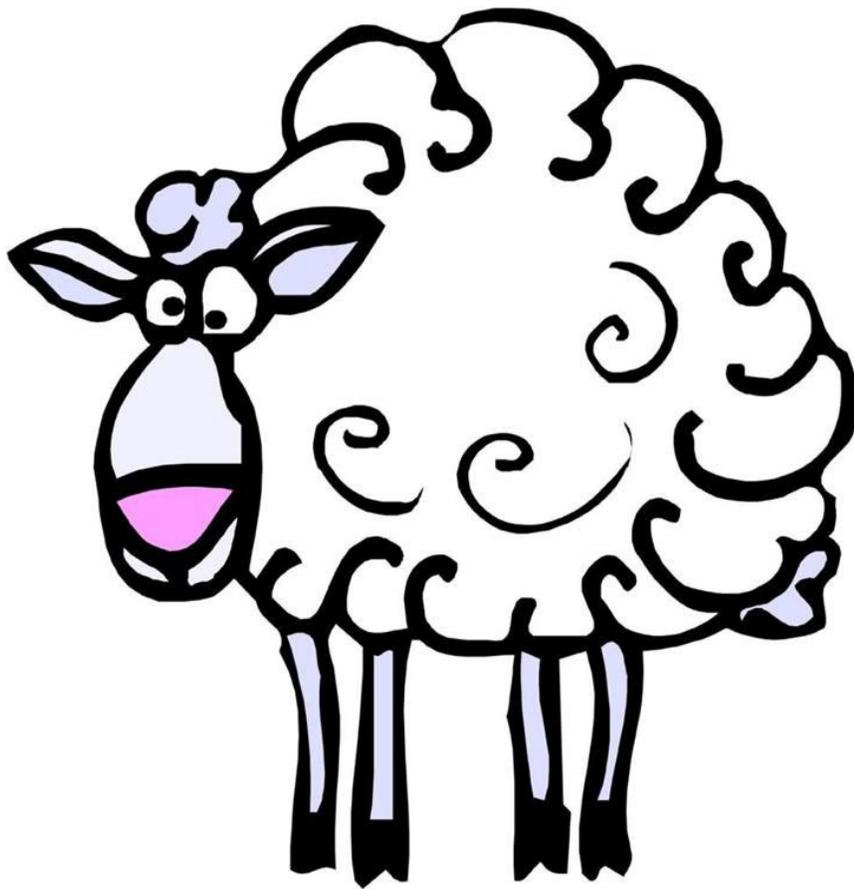


Shepherd's Flock Preschool
Enrollment Packet
2026-2027



Shepherd's Flock Preschool

A Ministry of Chesapeake Christian Fellowship
377 W Central Avenue, Davidsonville MD 21035
410-798-1413



SHEPHERD'S FLOCK PRESCHOOL 2026-2027 UPDATES

Tuition Rate

Grade	Monthly Tuition	Registration Fee Non-refundable	Before/Aftercare Must pre-register	Snack Fee Annual	Curriculum
½ Day Mornings 2 Days	\$200	\$125	\$8.00 per hr	\$125	N/A
½ Day Mornings 3 Days	\$300	\$125	\$8.00 per hr	\$125	N/A
½ Day Mornings 4 Days	\$400	\$125	\$8.00 per hr	\$125	N/A
½ Day Mornings 5 Days	\$500	\$125	\$8.00 per hr	\$125	N/A
Full Day 8:30am-3:30pm	\$980	\$125	\$8.00 per hr	\$250	Pre-K Only \$150 - \$200

New School Hours: 8:30am – 3:30pm

- ½ day mornings are 8:30am – 12:00pm

Before and Aftercare will be pay-as-you-go

- Before care hours 7:00am – 8:15am
- After care hours 3:45pm – 5:00pm
- Parents must register for Before/After care

Re-enrollment is February 2-16



SHEPHERD'S FLOCK PRESCHOOL 2026-2027 UPDATES

- Registration fee is applied to 1st month tuition

*****New Summer Camps:** Information Coming Soon

Shepherd's Flock Preschool Re-enrollment Form

School Year 2026 – 2027

PLEASE RETURN THIS FORM BY 02/16/2026

Please complete the following information regarding your child's enrollment for the upcoming school year. **A non-refundable \$125 registration fee is required for this form to be considered for enrollment.** The remaining paperwork must be submitted before the start of school. You will be notified via email of acceptance within two weeks.

If you have any questions call (410) 798-1413 or email SFdirector@4thelord.org

Student Name: _____ DOB: _____

Are you a returning student? Yes ____ No ____

Mark Full Days and Half Days Needed

Please note that you may be waitlisted for some timeslots

	Monday	Tuesday	Wednesday	Thursday	Friday
1/2 Day 8:30am -12:00pm					
Full Day 8:30am – 3:30pm					

Mark Hours of Before and/or Aftercare Needed

\$8.00 (charged in 30 minute increments)

	Monday Hours Needed	Tuesday Hours Needed	Wednesday Hours Needed	Thursday Hours Needed	Friday Hours Needed
Before Care Available Hours 7:00am–8:15am					
Aftercare Available Hours 3:45pm – 5:00pm					

Shepherd's Flock Preschool Schedule
School Year 2026 – 2027

PLEASE RETURN THIS FORM BY 02/16/2026

Parent Names: _____ / _____

Parent Phone Numbers: _____ / _____

Parent Emails: _____ / _____

Home Address: _____

Date Signed: _____

Miscellaneous Information:

- If you have any questions call (410) 798-1413 or email SFdirector@4thelord.org
- **To reserve your enrollment position, you must submit this registration form along with a non-refundable \$125 registration fee and appropriate paperwork.**
- If, for any reason, your child will not be returning to Shepherd's Flock Preschool, please let us know immediately.

Parent/Guardian Signature: _____

Date: _____

FOR STAFF USE ONLY:

Date of Registration: _____

Enrollment Form Complete: _____

Enrollment Fee Paid: _____

Operation Policy Signed & Dated by Parent: _____

ONLY COMPLETE IF YOUR CHILD IS A NEW STUDENT

Registration Form

Date: _____

Our mission at Shepherd's Flock Preschool is to rigorously educate children in Biblical principles and academic standards. We will prepare these children in such a manner that upon entrance into grade school they will be a step ahead and prepared for the challenges ahead. Activities will be fun and structured, to keep children actively engaged. Children will be provided with incentives to reward them for positive behavior and academic accomplishments.

Parent Name(s): _____ / _____

Address: _____ / _____

Work Phone Number: Mom: (____) _____ / Dad: (____) _____

Cell Phone Number: Mom: (____) _____ / Dad: (____) _____

Primary Email (For Weekly Newsletter): _____

Alternate Email (For Weekly Newsletter) : _____

Child's Full Name: _____

Child's DOB: _____ Child's Current Age: _____

Anticipated Schedule: _____

Membership Status at CCF: Member _____ Regular Attender _____ Other _____

Introduce Your Child: _____

Detail Any Special Needs or Health Concerns: _____

What would you like to see your child accomplish in Shepherd's Flock?

Shepherd's Flock Preschool
Chesapeake Christian Fellowship

PHOTOGRAPH & VIDEO RELEASE FORM

I hereby give permission for images of my child and their likeness, **without name recognition**, to be used in any and all publications, including but not limited to Chesapeake Christian Fellowship's printed and digital publications.

I have read and accept the above.

Name of Parent/Guardian (please print): _____

Parent/Guardian Signature: _____

Date: _____

Child's Name: _____

Child's Date of Birth: _____

PARENT CONTRACT

I _____, have received a copy of the **Parent Handbook** for Shepherd's Flock.

I am also aware of the termination policy and policy for reporting child abuse.

I agree to abide by the policies and procedures set forth in this handbook.

By signing this contract, I acknowledge my receipt of the **Parent Handbook** and agree to follow the policies and procedures defined within the **Parent Handbook**.

Signature: _____

Date: _____

During an Emergency, the following person(s) are responsible for:

Task	Person / Staff	Task	Person / Staff
Declaring emergency	Director / Pastor	Arranging transportation	Director / Pastor
Calling for assistance	All Staff	Carrying medication	All Staff
Contacting families	All Staff	Taking attendance after evacuation	All Staff
Decision to evacuate	Director / Pastor	Determine emergency is over	Director / Pastor
Contact emergency site	Director / Pastor	Conduct emergency drill	All Staff
Communicating EP plan to parents and staff	Director	Carry distracter supply kit	All Staff

Procedures for Notifying Parents

1. Notification by email
2. Notification by phone call
3. Notification by text

_____ has received the above emergency preparedness plan for **Shepherd’s Flock** and understand that every effort will be made to follow the plans listed above. In the event of an unforeseen emergency not outlined in this plan I will be notified as soon as possible regarding the location and status of my child.

Parent Signature: _____

Staff Signature: _____

Provider Signature: _____

Date: _____

Annual Review Date:				
Initials:	Initials:	Initials:	Initials:	Initials: