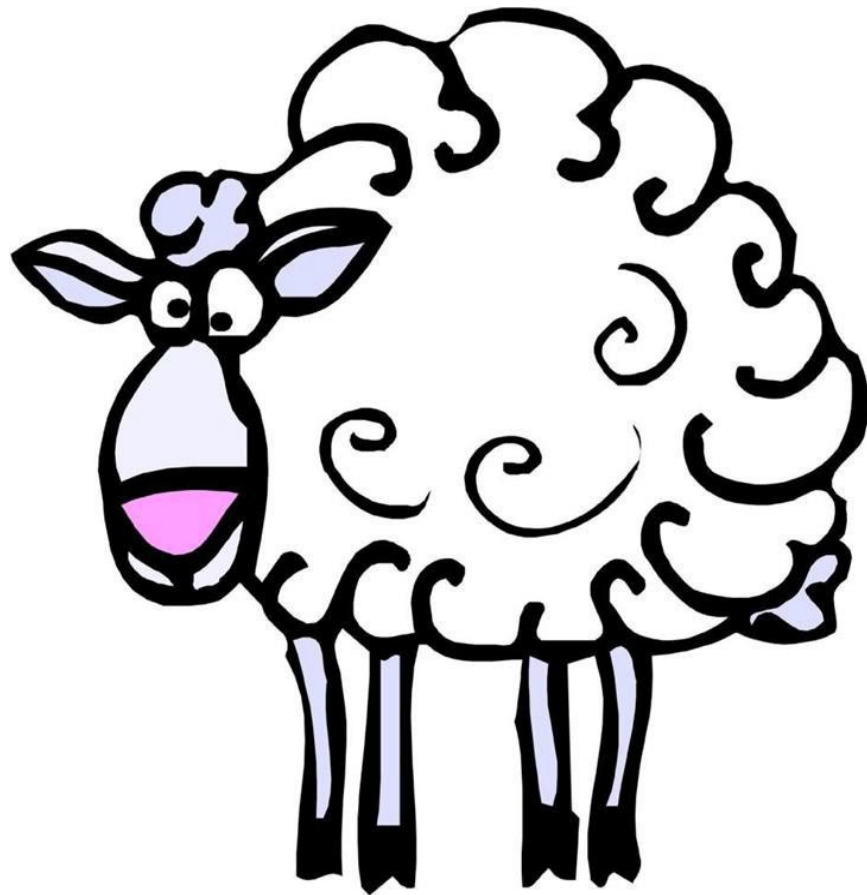


Shepherd's Flock Preschool

Enrollment Forms

2026-2027



Shepherd's Flock Preschool

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

Shepherd's Flock Preschool 2026-2027 Updates

Tuition Rates

Part Time 8:30am – 12:00pm	Monthly Tuition	Registration Fee Non-Refundable	Before/Aftercare Must Pre-Register	Annual Snack Fee	Curriculum
2 Days Part Time	\$200	\$125	\$8.00 Per Hour	\$125	N/A
3 Days Part Time	\$300	\$125	\$8.00 Per Hour	\$125	N/A
4 Days Part Time	\$400	\$125	\$8.00 Per Hour	\$125	N/A
5 Days Part Time	\$500	\$125	\$8.00 Per Hour	\$125	N/A
Full Time 8:30am – 3:30pm	\$980	\$125	\$8.00 Per Hour	\$250	Pre-K Only \$150 - \$200

New School Hours

- 8:30am – 3:30pm

Before & Aftercare is 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

Important Dates

- Re-enrollment for 2026/2027 – February 2-16, 2026
- End of 2025/2026 School Year – June 5, 2026 (Half Day - Ends at 1:00pm)
- Start of 2026/2027 School Year – August 31, 2026
- Registration Fee is applied to the 1st month of tuition

Lions & Lambs Summer Program

- Open to Ages 2-4 & Grades K-7th
- June 15 – August 14 | 8:00am – 3:00pm
- \$250 Per Week | Before & After Care \$8 Per Hour

Shepherd's Flock Preschool Enrollment Form School Year 2026/2027

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 & Half Days Needed

Please take note you may be waitlisted for some timeslots

	Monday	Tuesday	Wednesday	Thursday	Friday
Half Day 8:30am – 12:00pm					
Full Day 8:30am – 3:30pm					

Mark Hours of Before / After Care Needed

\$8.00 Per Hour (Charged in 30min Increments)

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

Shepherd's Flock Preschool
School Year 2026/2027

Parent Name(s): _____ / _____

Parent Phone Number(s): _____ / _____

Parent Email(s): _____ / _____

Home Address: _____

Date Signed: _____

Miscellaneous Information

- If you have any questions (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 the 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: _____

Shepherd's Flock Preschool
New Student Registration Form

Only complete if your child is a new student

Our mission at Shepherd's Flock Preschool is to educate children in Biblical principles and academic standards. We strive to have our students prepared to enter grade school a step ahead and ready to take on any challenge they may face. Our activities are fun and structured to keep children engaged, and we provide incentives to reward positive behavior and academic accomplishments.

Parent Name(s): _____ / _____

Address: _____ / _____

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

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

Primary Email: Mom: _____ / Dad: _____

Alternate Email: Mom: _____ / Dad: _____

Child's Full Name: _____

Child's D.O.B: _____ 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
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 Shepherd's Flock and Chesapeake Christian Fellowship's printed and digital publications.

I have read and accept the above:

Name of Parent / Guardian (Print): _____

Parent / Guardian Signature: _____

Date: _____

Child's Name: _____

Child's D.O.B: _____

Parent Contract

I _____, 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 the 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. Email
2. Phone Call
3. 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 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:	Annual Review Date:	Annual Review Date:	Annual Review Date:	Annual Review Date:
Initials:	Initials:	Initials:	Initials:	Initials: