DAVIDSON PRESCHOOL
making academic leaps

2791 West Center Street Ext
Lexington, NC 27295
(336) 224-0370
dpreschool@gmail.com

PRESCHOOL ENROLLMENT FORM FOR 2026-2027
HOURS of Operation: 9am – 12pm daily

Child's Name: _____ Gender: (M) _____ (F) _____

Address: _____ Birthdate: _____

_____ Nickname: _____

Allergies: _____ Home Phone: _____

Mom's Name: _____ Work#: _____ Cell #: _____

Dad's Name: _____ Work #: _____ Cell #: _____

Mom's E-Mail: _____Dad's E-Mail: _____

We follow the Davidson County School's cut-off date for kindergarten. Your child needs to be the age of his/her class selection on or before August 31.

Please circle the program you wish to enroll your child:

_____Beginning Preschool Class (Two Year Old)
_____Advanced Preschool Class (Three Year Old)
_____Pre-Kindergarten Class (Four Year Old)

Beginning Preschool (2-3 Years Old)

_____3 DAYS (Tuesday - Thursday) $250 Monthly
_____4 DAYS (Monday - Thursday) $300 Monthly

Advanced Preschool (3-4 Years Old) & Pre-kindergarten (4-5 Years Old)

_____4 DAYS (Monday – Thursday) $300 Monthly

10% Discount applied to siblings, church members, and active military families.

Please return your packet with a $50.00 non-refundable registration fee to reserve your child's placement. You will then receive a Confirmation Letter with your enrollment deposit information. Immunization records are required at the start of the 2026-2027 school year.

Registration fees are due at the time of enrollment. Enrollment deposit (September Tuition) is due by May 30, 2026.

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Early Morning Drop Off

What is early morning drop off?

Early morning drop off is provided at a nominal cost to assist families who need care for their children before the morning arrival time of 9:00. Early morning drop off begins at 8:30 AM (M-Th). It is available to all Davidson Preschool students. Early morning drop off is $3.00/day and on a drop-in basis. Reservation is not required.

Does the Preschool Provide Breakfast? No. Your child may bring breakfast with them.

Who will be with my child during early morning drop off ? They will be in their classroom with their regular teacher.

How do I pay? You may either pay $3 daily or you may request to be invoiced at the end of the month for all of your early morning drop off mornings.

Please let us know your early morning drop off utilization by filling out the bottom portion of this sheet.

Yes, my child will need early morning drop off:

_____ On a Regular Basis **_____On a Drop-in Basis** **_____ Not Interested**

Child's Name: _____

Child's Classroom: _____

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Student Information Sheet

Full Name: _____ **Nickname:**_____

Date of Birth: _____ **Age:**_____ ____**Male** ____**Female**

Home Address_____

City_____ **State**_____ **Zip**_____

Parents are: _____**Married** _____**Separated** _____**Divorced** _____**Other**

Child Resides with: _____

Father's Name_____

Address_____

City_____ State ____Zip _____

Home Phone_____

Occupation_____

Employer_____

Work Phone_____

Cell Phone_____

E-mail_____

Mother's Name_____

Address_____

City_____ State ____Zip _____

Home Phone_____

Occupation_____

Employer_____

Work Phone_____

Cell Phone_____

E-mail_____

Child's Pediatrician/Physician: _____ **Phone:** _____

List any Health Concerns and Allergies:

_____

_____

Other Children in the Family

Name: _____ **DOB:** _____ **Present School:** _____

Name: _____ **DOB:** _____ **Present School:** _____

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Authorization & Consent Form

Name of child: _____

By our signature below, we certify that we have legal custody and possession of our child and we hereby consent to the following:

I. Pick-up from School: In addition to the parents, only the individuals listed below have our permission to pick our child up from Davidson Preschool: *(please include phone numbers)*

1. _____

2. _____

3. _____ ___

4._____

5. _____

6._____

*If anyone not listed above is to pick up our child, we understand that we must provide Davidson Preschool with written permission in advance. We also understand that permission given by either parent is effective as to both parents.

II. Medical Treatment: In case of accident or illness requiring immediate medical attention, it is Davidson Preschool's policy to contact the person(s) listed below. If no listed persons can be reached, we must have this authorization to secure medical treatment for your child: We authorize Davidson Preschool to secure medical treatment for our child in any case of emergency that may occur while our child is participating in Davidson Preschool activities. We authorize Davidson Preschool to administer first aid and other minor treatments.

Signature: _____

Persons to call in event of an emergency: (Please list name, relationship, and phone number)

1. _____

2._____

3. _____

4. _____

Photographs: Davidson Preschool has my permission to take photographs of my child for promoting the school. We understand that the photographs may be used in the classrooms, on posters, in printed materials, on social media, in newspapers, magazines, websites, and on television. We acknowledge and agree that no financial compensation is paid for these uses. Yes: _____ No: _____

Class Roster: Davidson Preschool may share all my information with my student's teachers. Yes: _____ No: _____

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Lillio

PARTICIPATION AGREEMENT
To email and publish my child's work, photographs, or videos via Lillio.

To: Parent/Legal Guardian,

Please read this page carefully. It includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs, or videos through a software program called Lillio. By signing this form, you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the program. You will also receive updates and information about your child through the program in the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos, or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program please visit www.lillio.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the program, Lillio:

My Child's Name:_____

My Name: _____

My Email: _____

Signature: _____ Date: _____

NOTE: After being added to the program by the director, you will receive a "welcome" letter from Lillio (this is sometimes sent to your junk email). Please take the steps to register, add any family members you would like to receive updates to your child's profile, and set up your payment option.

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Lillio

Please complete the Pre-Authorized Direct Debit (PAD) Plan agreement below.

I/we authorize **Davidson Preschool** and the financial institution designated to withdraw funds from my bank account through the Lillio Program. This authorization is for **Davidson Preschool**'s withdrawal of monthly tuition fees.

This authority is to remain in effect until **Davidson Preschool** has received written notification from me/us of its change or termination.

Name(s): _____

Authorized Signature(s): _____

DATE**:** _____

Note: This is a permission slip. You will set up your own payment plan through your child's Lillio profile.

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Social Media Release Form

By signing this form, I am granting Davidson Preschool permission to publish photos and videos of my child and my child's work. We will make daily posts onto our Facebook platform, Davidson Preschool-Lexington. This is for school purposes only. Please note that our Facebook profile is a public platform. We attempted to change the privacy settings, but due to the creation of the page being public, we are unable to change the setting to private.

I, _____, grant permission for Davidson Preschool to post pictures and videos of my child and my child's work to the Facebook page, Davidson Preschool-Lexington. This is a public profile.

Child's Name: _____

Signature: _____

Date: _____

This is your child's registration packet for the 2026-2027 school year. Your next form will be your acceptance letter. You will receive more information and your parent handbook at Parent Only Orientation, August 2026.

Please contact the director, Joy Walser, if you have any questions.

Thank you and we GREATLY look forward to having your children attend Davidson Preschool!