



St. Andrews Presbyterian Weekday School

712 Wappoo Road 🍎 Charleston, SC 29407

843.571.6426

www.standrewsweekday.com 🍎 standrewspreschool@knology.net

2 Year Program

- 2 Days T-Th
- 3 Days M-W-F

3 Year Program

- 3 Days
- 5 Days

4 Year Program

- 5 Days

Mother's Morning Out

- 2 Days T-Th
- 2 Days M-W
- 1 Day F
- 3 Days

Child's Legal Name _____

Name Called _____ Sex _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Drivers Lic# _____

Home# _____ Work# _____ Cell# _____ Email _____

Father's Name _____ Drivers Lic# _____

Home# _____ Work# _____ Cell# _____ Email _____

How did you hear about our school? _____

Enrollment

There is a \$100 registration fee for each child enrolling. The fee for families with more than one child is \$100 for the first child and \$50 for each additional child. The registration fee must be paid at the time the child is officially enrolled for the 2010-2011 school year. The first month's tuition must be paid by July 1, 2010. The Registration Fee and the first month's tuition are non-refundable (unless you move from the city). There will be a materials/security fee due by the first day of the school year - \$55.00 for 2-4 years and \$35.00 for Mother's Morning Out.



- I understand that in signing this registration form that my child is officially enrolled, and that tuition is payable from opening day in September until I give the Director written notice that my child has been withdrawn. I understand the monthly tuition charges are payable in advance by the fifth of each month and that absences and holidays are not deductible.
- I understand that the non-refundable registration fee must accompany this form.
- I understand that a non-refundable first month's tuition must be paid by July 1, 2010, or my child's registration may be forfeited.
- I understand that up-to-date immunizations are **REQUIRED** by St. Andrews Presbyterian Weekday School and I agree to furnish a current SC DHEC Certificate of Immunization no later than the first day of school. I further understand that I will be asked to withdraw my child if the requirement for immunization is not met.

Date _____ Signature _____

Date Received _____ Initials _____ Amount Paid _____ Cash /Check# _____