



712 Wappoo Road Charleston, SC 29407

843.571.6426

www.standrewsweekday.com standrewsweekday@gmail.com

2 Year Program

- 2 Days - TTh
3 Days - MWF

3 Year Program

- 3 Days - MWF
3 Days - TThF
5 Days

Must be fully potty trained

4 Year Program

- 5 Days

Mother's Morning Out

- 2 Days - MW
2 Days - TTh
1 Day - F
3 Days - MWF
3 Days - TThF

Child's Legal Name Birth Date

Name Called Gender Siblings Enrolled

Address Subdivision

City State Zip Home#

Mother's Name Drivers Lic#

Cell# Work# Email

Father's Name Drivers Lic#

Cell# Work# Email

Enrollment

There is a non-refundable \$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 2019-2020 school year. The first month's tuition must be paid by July 1, 2019. This tuition is non-refundable, unless you move from the Tri-County area. Subsequent monthly tuition is due by the 1st of each preceding month (September through April). The supply/security fee is due August 1, 2019 - \$75.00 for 2-4 years and \$50.00 for Mother's Morning Out.



- I understand that in signing this registration form that my child is officially enrolled and that tuition is payable until I give the Director written notice that my child has been withdrawn.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 1st of each preceding 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, 2019, or my child's registration may be forfeited and that the supply/security fee is due August 1, 2019.
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.

Signature Date

For Office Use Only: Returning Student Sibling of Current Student Community Registration

Date Received Check Amount Check #

Received By (Initials) Cash Amount Receipt #