



712 Wappoo Road Charleston, SC 29407
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1 Year Program (MMO)

- 2 Days - TTh
- 2 Days - MW
- 3 Days - MWF

2 Year Program

- 2 Days - TTh
- 3 Days - MWF

3 Year Program*

- 3 Days - MWF
- 3 Days - TThF
- 5 Days

4 Year Program*

- 5 Days
- Do you plan to apply to
CCSD 4K also? Y / N

*Must be fully toilet trained

Class placement is based on the child's age Sept 1st, 2024.

Child's Legal Name _____ Birth Date _____

Name Called _____ Gender _____ Siblings Enrolled _____

Address _____ Subdivision _____

City _____ State _____ Zip _____ Home# _____

Mother's Name _____ Workplace _____

Cell# _____ Work# _____ Email _____

Father's Name _____ Workplace _____

Cell# _____ Work# _____ Email _____

My child is receiving (or being considered for) services through: Baby Net _____ Child Find _____ Private Therapist _____

If receiving services above, what type? _____

**Please understand that The Weekday School is not equipped to serve all children with special needs or developmental delays. It is imperative that parents discuss special needs accommodation with the director before registering their child.*

Enrollment Fees: \$125 registration fee, \$50 for additional siblings (non-refundable)

By signing this registration form and paying the non-refundable registration fee, I agree to the following:

- My child is officially enrolled.
- Monthly tuition charges are due, 30 days in advance, on the 1st of each preceding month unless the Director is given written notice of my child's withdrawal.
- Holidays and absences are not deductible from monthly tuition.
- **September's tuition is due July 1, 2024**, and is non-refundable unless my child moves from the Tri-County area. My child's placement at the school may be forfeited if it is not paid by July 10th.
- Materials Fee is due Aug 1, 2024.
- Up-to-date **immunizations are required by The Weekday School**. I must furnish a current SC DHEC Certificate of Immunization (Form 2740) no later than the first day of school for my child to attend.

Signature _____ Date _____

For Office Use Only: Returning Student Sibling of Current Student Community SAPC Member

Date Received _____ Received by _____ Amount _____ Check/Receipt # _____