



712 Wappoo Road 🍎 Charleston, SC 29407

843.571.6426

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**Mother's Morning Out**

- 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 also? Y / N

\*Must be fully toilet trained

**Class placement is based on the child's age Sept 1<sup>st</sup>, 2023**

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 \_\_\_\_\_

My child is receiving (or being considered for) services through: BabyNet \_\_\_\_\_ Child Find \_\_\_\_\_ Private Therapist \_\_\_\_\_

If receiving services above, what type? \_\_\_\_\_

**Enrollment Fees**

There is a non-refundable \$125 registration fee due with this form. Additional children from the same family are \$50 per child. **The materials fee due August 1, 2023 is as follows:** \$110 for Mother's Morning Out, 2K, and 3K; \$175.00 for 4K. (The 4K fee includes all Field Trips and a school T-Shirt).



- I understand that by signing this registration form and paying the non-refundable registration fee, my child is officially enrolled. I understand the monthly tuition charges are due, in advance, *on the 1st of each preceding month* unless the Director is given written notice of my child's withdrawal. I understand that holidays and absences are not deductible from monthly tuition.
- I understand that **September's tuition is due July 1, 2023** and is non-refundable unless my child moves from the Tri-County area, or my child's registration may be forfeited. I understand that the materials fee is due Aug 1, 2023.
- 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 (Form 2740) no *later than the first day of school*. I 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  SAPC Member

Date Received \_\_\_\_\_ Check Amount \_\_\_\_\_ Check # \_\_\_\_\_

Received By (Initials) \_\_\_\_\_ Cash Amount \_\_\_\_\_ Receipt # \_\_\_\_\_