

# Sea Island Presbyterian Day School

## Student Application 2018-2019

**Applicant's Name** \_\_\_\_\_

*First Middle Last Preferred Name*

Home Address \_\_\_\_\_

*Street City State Zip Code*

Mailing Address \_\_\_\_\_

*Street City State Zip Code*

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male  Female

### **Parent/Guardian Information**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

*Business Mobile Business Mobile*

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents (Please check one):  Married  Single  Separated  Divorced

If separated or divorced, parent with legal custody: \_\_\_\_\_

Other children in the family:

Names/Age/School \_\_\_\_\_

\_\_\_\_\_

Church Affiliation \_\_\_\_\_

Has child attended another pre-school or day care center? (Location, Number of days)

\_\_\_\_\_

I understand that Sea Island Presbyterian Day School's admission policy is to accept currently enrolled students, children of Sea Island Presbyterian Church members, and siblings of existing students first, and then children from the community. Sea Island Presbyterian Day School welcomes students of any race, color, religion, national or ethnic origin.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sea Island Presbyterian Day School

## Tuition Agreement 2018-2019

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Circle One: **Pre K**  
5 Days ONLY

**Threes**  
5 Day/3 Day/2 Day

**Twos**  
5 Day/3 Day/2 Day

**Young Twos**  
5 Day/3 Day/2 Day

\*\*\* 3 Day is MWF & 2 Day is TTH.

**Registration Fee  
(Non-Refundable)**

\$150.00 \_\_\_\_\_  
(New Student Only)

\$135.00 \_\_\_\_\_  
(Returning Student)

### Tuition

	<b>Annual</b>	<b>9 mo. Plan</b>	<b>12 mo. Plan</b>
<b>Pre-K</b> M & F 9-12 am, TWTH 9-1 pm	\$3,600.00	\$400.00	\$300.00
<b>Five days</b> 9-12 am	\$3,330.00	\$370.00	\$277.50
<b>Three days</b> 9-12 am	\$2,610.00	\$290.00	\$217.50
<b>Two days</b> 9-12 am	\$2,160.00	\$240.00	\$180.00

### **\*\*Sea Island Presbyterian Church Member Discount Available**

*You must be an active member of SIPC's congregation for a minimum of three months. You must attend church on a regular basis, participate in church based activities, and participate in the Covenant of Financial Stewardship. Contact Day School Office for discount information and verification forms.*

### **Day School Calendar: August 28, 2018 – May 23, 2019**

#### Select One

\_\_\_\_\_ **Nine Month Payment Plan** (Tuition Due June 1, 2018– February 1, 2019)

\_\_\_\_\_ **Twelve Month Payment Plan** (Tuition Due June 1, 2018– May 1, 2019)

I agree to pay the above amount. I understand my Registration Fee and **any prepaid tuition is Non-refundable**. (Please see Day School Handbook for complete policy on refunds and moving out of the area.)

**All checks are payable** to Sea Island Presbyterian Day School (**SIPDS**).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to the Day School Office. A copy will be made for your records. Summer tuition payments may be dropped off at the church office or mailed in the yellow tuition envelope provided.

**Mailing Address: PO BOX 966, Beaufort, SC 29901**

# *Sea Island Presbyterian Day School*

## **Emergency/Dismissal Information**

**Student's Name** \_\_\_\_\_

Should my child have an accident or serious illness while at school and neither I nor my child's other parent can be reached, the school has my permission to contact the persons listed below and release my child.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

List two people who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I give permission for the following adults to regularly pick my child(ren) up from school.

**Additionally, I understand that if my child is going home with a friend, a written note or a phone call is required.**

Name	Relation

### **Medical/General Information:**

Is your child potty-trained? Yes \_\_\_\_ No \_\_\_\_

Is your child on any regular medication? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any dietary restrictions? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Is your child receiving any special services or therapy? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

---

**Release:** Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, email address, phone numbers.

\_\_\_\_ I/We GRANT permission for photo/image that includes this student without any other personal identifiers to be published on the school's private internet site.

\_\_\_\_ I/WE DO NOT GRANT permission.

Signature of Parent/Guardian \_\_\_\_\_

---