



St. Stephen Presbyterian
DAY SCHOOL

ENROLLMENT FORM

Child's Name _____ Preferred Name _____

Sex _____ DOB _____ Class _____ (Based on age as of Sept. 1st)

- Roly Poly Room (babies ages 4m+) Circle one: Monday & Wednesday / Monday Only / Wednesday Only
- Bumblebee Class (age 1 by Sept. 1) Butterfly Class (age 3 by Sept. 1)
- Dragonfly Class (age 2 by Sept. 1) Firefly Class (age 4 by Sept. 1)

Are you a member of St. Stephen Presbyterian Church? _____

Child's Address _____

Parent/Guardian Name _____ E-Mail _____

Address (if different than child's) _____

Cell Phone _____ Home Phone _____ Work Phone _____

Parent/Guardian Name _____ E-Mail _____

Address (if different than child's) _____

Cell Phone _____ Home Phone _____ Work Phone _____

How did you learn about SSPDS? _____

I understand that a nonrefundable registration fee of \$100 is due at the time of acceptance and enrollment of my child. The Supply Fee is due on or before June 1st, or upon enrollment if after June 1st. The Supply Fee is non-refundable after August 1st. The Supply Fee will be pro-rated for families who enroll during the school year.

Tuition is due on the 1st of the month and late after the 7th. A \$10.00 late fee will be charged for payments received after the 7th, with an additional charge of \$2.00 for each subsequent week. No deduction in tuition is made when a child is absent, on vacation, or sent home sick. School closings for inclement weather or emergency closings will not be rescheduled. If a student must withdraw from the program, at least one month's written notice must be given to the director or one month's tuition will be due.

I understand that a current medical release, signed by the child's doctor, and an immunization record must be on file at SSPDS. My child may not attend school with a fever or other signs of illness. If my child develops any symptoms of illness during school hours, I will be notified and will arrange to pick up my child immediately.

Parent Signature _____ Date _____

DAY SCHOOL OFFICE USE ONLY

Date Received _____ Director's Signature _____

Date Fee Paid _____ Payment Method _____ Amount _____