

Dear Parents,

Christ Church Day School is still accepting applications for the 2017-2018 school year. Though some of our classes are full, we do have openings and short wait lists. There is no financial obligation unless the school is able to place your child in your desired class.

The school board has established a program to provide assistance for families with multiple children at the school. A discount of \$15.00 will be applied to the youngest child's tuition. This discount will only apply to tuition payments. No multiple sibling discounts will apply to registration fees. If you choose to accept this discount, monthly tuition payments must be made by using the school's electronic draft program.

Before returning the signed registration form, please read the registration and tuition agreements carefully. **Only preschool parents will be responsible for a \$35.00 classroom material fee. This fee will be paid at Orientation.** If you have any questions, do not hesitate to call me at the school office. Also make sure your email address is printed clearly for notification of your child's placement prior to the fee deadline. **The registration fee (equal to one month's tuition) must be paid according to the above-listed deadline in order to reserve a spot in our program. Please do not submit a check until you have been informed of your child's placement.**

Thank you so much for considering Christ Church Day School for your child's preschool experience.

Sincerely,

Ellen Nietert
Day School Director

**CHRIST CHURCH DAY SCHOOL
2017-2018 REGISTRATION FORM**

Date _____

Is your child a returning student of CCDS (Preschool or MMO)? Yes ___ No ___
Does this child have a sibling who is currently enrolled in the CCDS? Yes ___ No ___
Are you a parishioner of Christ Church? Yes ___ No ___

STUDENT INFORMATION

Child's full name _____
Name to be called _____ Gender ___ Current Age ___ Date of Birth _____
Street Address _____
City/State _____ Zip Code _____
Neighborhood _____ Home E-mail (print clearly) _____
Church Affiliation _____
Brothers/Sisters name & birthdates _____

If your child has any special needs and/or health problems that we should be aware of, please list below and describe in full.

PARENT/GUARDIAN INFORMATION

Father's name _____ Mother's name _____
Place of employment _____ Place of employment _____
Occupation _____ Occupation _____
Home phone _____ Home phone _____
Work phone _____ Work phone _____
Cell phone _____ Cell phone _____

Program applied for:

Mother's Morning Out I: _____ 12 - 17 month old Mon/Wed (9:00AM-11:30AM)
Mother's Morning Out II: _____ 18 - 23 month old Tues/Thurs (9:00AM-12:00PM)

Preschool (9:00AM-12:30PM)

Please indicate your first choice with a 1 and your second choice with a 2.

Enrolling in a 2 Day & 3 Day class to equal 5 Days is an option.

_____	2 year old	Mon/Wed/Fri
_____	2 year old	Tues/Thurs
_____	2 year old	2Day/3 Day Combination
_____	3 year old	Mon/Wed/Fri (must be potty trained)
_____	3 year old	Tues/Thurs (must be potty trained)
_____	3 year old	2 Day 3's and Super Science Fridays
_____	3 year old	2Day/3 Day Combination
_____	4 year old	Mon-Thurs
_____	4 year old	Mon-Fri
_____	4 year old	4 Day 4's and Super Science Fridays
_____	3-4 year old	Super Science Fridays (9:00AM-12:30PM) (must be potty trained) 3 sessions per semester \$25/class with a \$5 material fee/session No registration fee required

_____ I have no preference regarding class choice.

Child must be the listed age on or by Sept 1, 2017 in order to be accepted.

REGISTRATION AGREEMENT

I understand that children of parishioners and those who have siblings already enrolled at Christ Church Day School have priority placement in the registration process.

I understand that the director has the discretion to balance the classes according to gender.

I also understand that the registration fee (equal to one month’s tuition) is a non-refundable fee and must be paid by the appropriate deadline. No multiple sibling discounts will apply to registration fees.

TUITION AGREEMENT

I understand that the monthly tuition payments for the 2017-2018 school year are as follows:

MMO I & MMOII	\$180.00	Threes (Mon/Wed/Fri)	\$260.00
Twos (Tues/Thurs)	\$195.00	Fours (Mon-Thurs)	\$280.00
Twos (Mon/Wed/Fri)	\$250.00	Fours (Mon-Fri)	\$300.00
Threes (Tues/Thurs)	\$215.00	Super Science (4 weeks)	\$105.00

I understand if I am late (i.e. after the 10th) in my payments, I may be assessed a late fee of \$5.00. If I am habitually late, I understand that my child may be removed from the program.

I understand that if tuition is not received by the 10th of July and August, my child will be removed from the program.

I understand that tuition payments made in July and August are non-refundable.

I understand that I will be responsible for a \$35.00 preschool classroom material fee. This fee will be paid at Orientation and does not apply to the Mother’s Morning Out program.

I understand that tuition payments may only be made by check, electronic debit, or cashier’s check.

I understand that in order to receive a sibling discount, tuition must be paid by using the school’s electronic debit program.

I understand that if I withdraw my child from the school, refunds of tuition paid by the month are non-refundable. If I have made advance payments and need to withdraw my child, refunds will be prorated beginning with the next month. The director must be notified at least two weeks prior to withdrawal.

MEDICAL AGREEMENT

I understand that a current immunization record must be submitted in order to attend Christ Church Day School.

I understand that if my child requires emergency medication such as an EpiPen Jr., this prescription along with a doctor’s order must be kept in the school office. Without this prescription in the school office, my child may not attend Christ Church Day School.

I, the undersigned parent/guardian, have registered my child _____ at Christ Church Day School for the 2017-2018 academic school year. I have read and understand the registration/tuition/medication expectations of Christ Church Day School and agree to the terms mentioned above. I have also fully disclosed all pertinent information regarding the wellbeing of my child.

Parent/guardian signature

Date



2304 Highway 17 North • Mount Pleasant, SC 29466
843.884.9197 • www.christchurchdayschoolmtp.org • enietert@christch.org
