



Tuition Agreement 2020-2021

Child's Name _____ DOB _____

Check One: _____ **Pre K** _____ **Threes** _____ **Twos** _____ **Young Twos**
 _____ 5 Days ONLY _____ 5 Days _____ 5 Days _____ 5 Days
 _____ 3 Days _____ 3 Days _____ 3 Days
 _____ 2 Days _____ 2 Days _____ 2 Days

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

TUITION

Tuition Payments begin June 1, 2020 – March 1, 2021

	Annual	10 mo. Plan
Pre-K M & F 9-12 am, TWTH 9-1 pm	\$4,050.00	\$405.00
Five days 9-12 am	\$3,780.00	\$378.00
Three days 9-12 am	\$3,060.00	\$306.00
Two days 9-12 am	\$2,610.00	\$261.00

*****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 25, 2020 – May 20, 2021

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.) Tuition is due on the First of the month unless alternative arrangements have been made.

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



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 _____

Home Phone # _____ Cell Phone # _____

2. Name _____

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 _____