



## Student Application 2025-2026

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

Registration Fee. \$150.00 \_\_\_\_\_ \$135.00 \_\_\_\_\_ \$100.00 \_\_\_\_\_  
(Non-Refundable) (New Student Only) (Returning Student). (Sea Island Presbyterian Church members)

Referred by: \_\_\_\_\_

### Parent/Guardian Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
*Business Mobile Business Mobile*

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

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

Other children in the family:

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

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

Has the 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 \_\_\_\_\_



## Tuition Agreement for 2025-2026

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 Days is MWF & 2 Days is TTH.

\*\*\*Young 2's is 18 months-23 months

*\*\*Class placement is based on the child's age on September 1<sup>st</sup>\*\**

### 2025-2026 Tuition Rates

	Annual	10 mo. Plan
Pre-K M & F 9-12 am, TWTH 9-1 pm	\$4940	\$494
Five days 9-12 am	\$46300	\$463
Three days 9-12 am	\$3750	\$375
Two days 9-12 am	\$3180	\$318

**Tuition Payments begin June 1, 2025 and will continue through March, 1, 2026**

*(Tuition fees include daily snack and all school supplies)*

***\*\*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.*

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 tuition is due **by the 10<sup>th</sup>** of the month unless alternative arrangements have been made.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



## 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, message via Lillio or a phone call is required.**

Name	Relationship

\*\*Are there any custodial issues that we need to be made aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

### 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: \_\_\_\_\_

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



Tuition Payments:

When making tuition payments, you have three options.

\*Cash / Check - there is no fee associated. Please make checks out to SIPDS. All payments are due by the 10<sup>th</sup> of each month.

\*ACH (bank draft) - there is a \$0.60 for each transaction and this will automatically be added to the payment total via Lillio.

\*Credit Card – there is a 2.9% fee for most credit cards (3.5% for AMEX) which will automatically be added to your payment via Lillio.

\_\_\_\_\_ (Initial) I understand that if I select to use the ACH or Credit Card option, I will need to go into Lillio and set up AUTOPAY to deduct tuition from my account on the 5th of every month.

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

Releases / Agreements:

**Photo Release:**

Pursuant to law, we need to have parental permission to include your child's image in our communication tool, Lillio. These images will not be included on any other social media platform.

\_\_\_\_\_ I/We GRANT permission for our child's photo/image to be used in Lillio communications.

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

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

**Personal Information:**

We would like to make a school directory that includes child / parent names, phone numbers, email addresses and physical addresses so families can set up playdates after school and send invitations to birthday parties. This information is NOT to be used for the solicitation of others for any reason.

\_\_\_\_\_ I/We GRANT permission for the school to share our personal information (name, phone numbers, and email addresses) with other families in the classroom to create a class directory.

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

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



## Bite Policy

### Philosophy:

Biting is a natural developmental stage that many children go through. It is usually a temporary condition that is most common between thirteen and twenty-four months of age. The safety of your child is of primary concern to the staff at Sea Island Presbyterian Day School. Our biting policy addresses the actions the staff will take if a biting incident occurs at SIPDS. We ask that you read over the policy and discuss any concerns that you might have with our director.

### Developmental:

Toddlers bite other toddlers for many different reasons. A child might be teething or overly tired and frustrated. He or she might be experimenting or trying to gain the attention of the teacher or his peers. Toddlers have poor verbal skills and are impulsive without a lot of self-control. Sometimes biting occurs for no apparent reason. We will establish the rule at SIPDS that "We never bite people." We will encourage the children to "use your words" if they become angry or frustrated. We will maintain close and constant supervision of the children at all times.

The following steps will be taken if a biting occurs at our school.

- The biting will be interrupted with a firm " No ...We don't bite people!"
- We will stay calm and will not overreact.
- The bitten child will be comforted.
- We will remove the biter from the situation. The biter will be given something to do that is satisfying.
- The wound of the bitten child will be assessed and cleansed with soap and water.
- The parents of both children will be notified of the biting incident. Appropriate forms will be filled out.
- Confidentiality of all children involved will be maintained.

The bitten area should continue to be observed by parents and staff for signs of infections.

Exclusion of the child who bites:

Some children will continue to bite other children despite interventions by staff and parents. These biting incidences can become very disruptive to staff and children in the classroom. The staff will make every effort to reduce the number of biting incidences at SIPDS. We will continue to use a firm, positive approach. However, if the biting continues on a regular basis, then exclusion of the child from SIPDS, must be considered.

A child will be excluded from the SIPDS if the biting behavior exhibited by that child poses an increased risk to the children or adults with whom the child has close contact. Exclusion of the child must also be considered if the biting behavior becomes so disruptive that the daily activities of the classroom are affected. The parents will be asked to remove the child from the Day School until the biting behavior has passed. Sometimes a child who bites will benefit from being in a smaller center or in a home setting. The Director will assist the parents in determining when the child should return.

Every child is unique and special. Subsequently, every biting situation will be handled on an individual basis. Staff and Administration at SIPDS will stay in close contact with the parents and every effort will be made to guide the child through this developmental stage.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_