



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 M-W-F & 2 Days is T-TH.

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

****Class placement is based on the child's age on September 1st****

2025-2026 Tuition Rates

	Annual	10 mo. Plan
Pre-K M & F 9-12 am, T-W-TH 9-1 pm	\$4940	\$494
Five days 9-12 am	\$4630	\$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 10th** 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 _____



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 _____