

St. James Episcopal Day School

901 16th Street, Alexandria, LA 71301

PRESCHOOL REGISTRATION

2018-2019

(2-3 years)

Child's Name: _____ **Date of Birth:** _____ **Age as of 9/30/18:** _____ **Sex** _____

Billing Address: _____
Street or P.O. Box City State Zip

Parent/Guardian Names: _____

Email addresses: _____

Cell phone numbers & carrier: _____

Are you a member of St. James Episcopal Church? YES NO

It is the day school's policy to email and/or text message program information and updates.

***\$50/month sibling discount will be applied for siblings enrolled in full time care.**

TUITION OPTIONS (5 DAYS/WEEK)

HOLIDAY CARE NOT INCLUDED

7:30-3:00 \$470/MONTH

7:30-5:30 \$520/MONTH

HOLIDAY CARE \$25/DAY

HOLIDAY CARE INCLUDED

7:30-3:00 \$495/MONTH

7:30-5:30 \$545/MONTH

AFTER CARE DROP-IN (3:00-5:30) \$8/DAY

I understand all tuition and registration fees are **NON-REFUNDABLE**. We request 30 days written notice if a student is to withdraw from enrollment. **Tuition payments must be made by electronic fund transfer.** Payments are withdrawn on the 5th of each month.

I HAVE ENCLOSED THE REGISTRATION FEE OF \$150.00 FOR THE 2018/2019 SCHOOL YEAR AND HAVE ATTACHED A COMPLETED DRAFT FORM FOR ELECTRONIC FUND TRANSFER.

Parent or Guardian signature _____ Date: _____