

St. James Episcopal Day School

901 16th Street Alexandria, LA 71301

NURSERY REGISTRATION

2019-2020

(6 weeks-12 months)

Child's Name: _____ DOB/Due Date: _____ Age as of 9/30/19: _____ Sex _____

Estimated Start Date: _____

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 \$510/MONTH

7:30-5:30 \$560/MONTH

HOLIDAY CARE \$30/DAY

HOLIDAY CARE INCLUDED

7:30-3:00 \$535/MONTH

7:30-5:30 \$585/MONTH

AFTER CARE DROP-IN (3:00-5:30) \$10/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 **Tuition payments must be made by electronic fund transfer.** Payments are withdrawn on the 5th of each month.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 2019/2020 SCHOOL YEAR AND HAVE ATTACHED A COMPLETED DRAFT FORM FOR ELECTRONIC FUND TRANSFER.

Parent or Guardian signature _____ Date: _____