

**St. Andrew's Weekday School
2020-2021 Registration Contract**

Please print legibly

Child's Name: _____ **Child's Date of Birth:** _____ **Gender:** ____ Male ____ Female
Last name, First name Name used month/day/year

Parent/Guardian(s) Name: _____ **Street Address:** _____

City/State/Zip: _____ **Phone Numbers:** Home _____ Cell _____

Email Address: _____ **School Child Previously Attended if Applicable:** _____

_____ I am enrolling my child in an infant through kindergarten prep class and enclosing the **non-refundable** registration fee of \$375.00.

Classroom

I wish to enroll my child in the following classroom (please check only one age group):

- _____ Infants (2 to 8 months)
- _____ Mobile Infants (8 to 14 months)
- _____ Toddlers (14 to 21 months)
- _____ Toddler/Twos (21 to 24 months)
- _____ Young Twos (24 to 30 months)
- _____ Older Twos (30 to 38 months)
- _____ Threes (must be 3 years by 9/1)
- _____ Fours (must be 4 years by 9/1)
- _____ Kinder Prep - A bridge-year class for older 4s and young 5s (must be 4 1/2 by

My child will attend the following **schedule** (8:30 AM to 3:00 PM). I am numbering my 1st & 2nd choice for schedules.

❖ **Infants-Mobile Infants**

- _____ Two days a week (T/TH) - \$445/month
- _____ Three days a week (MWF) - \$600/month
- _____ Five days a week (M-F) - \$790/month

❖ **Toddlers-Older Twos**

- _____ Two days a week (T/TH) - \$410/month
- _____ Three days a week (MWF) - \$540/month
- _____ Five days a week (M-F) - \$710/month

❖ **Threes-Fours**

- _____ Two days a week (T/TH) - \$400/month
- _____ Three days a week (MWF) - \$525/month
- _____ Five days a week (M-F) - \$700/month

❖ **Kindergarten Prep**

- _____ Two days a week (T/TH) - \$400/month
- _____ Three days a week (MWF) - \$525/month
- _____ Five days a week (M-F) - \$700/month

Before/After School Care

My child also needs **Before School Care - BSC (7:30-8:30 AM** – cost \$6/day)

- _____ Two days (T/TH)
- _____ Three days (MWF)
- _____ Five days (M-F)

My child also needs **After School Care - ASC (3:00-4:30 PM** – cost \$8/day)

- _____ Two days (T/TH)
- _____ Three days (MWF)
- _____ Five days (M-F)

My child also needs **After School Care - ASC (3:00-5:30 PM** – cost \$10/day)

- _____ Two days (T/TH)
- _____ Three days (MWF)
- _____ Five days (M-F)

For School Office Use Only: Returned to School Office on: _____ Received by: _____

Amount paid: _____ Check number: _____ Other: _____

I, _____ the parent/guardian of
_____, am enrolling my child at
St. Andrew's Weekday School for the 2020-2021 school year.
I acknowledge the following:

There will be no refund of the registration fee.

Schedule changes such as ASC, BSC or full time to part time (or part time to full time) **may not be possible** if they occur after the initial registration time period in January, as the school may not be able to accommodate the schedule. **All schedule changes must be requested in writing by the 15th of the month in order to avoid responsibility for payment of the next month's fees.**

If it is necessary to withdraw my child prior to the end of the school year (May 2021), I must provide written notice by the **15th of the month** in order to avoid responsibility for payment of the next month's tuition. I understand that the school is not able to accommodate requests outside of Monday-Friday, Monday/Wednesday/Friday, or Tuesday/Thursday schedules.

All changes to this registration form must be in writing and I understand that no verbal requests will be honored.

All checks are payable to St. Andrew's Weekday School and delivered to the Weekday School office.

It is my responsibility as parent or guardian to communicate all changes in writing to the school so that all children are best served and accommodated.

Parent/Guardian Signature: _____

Date: _____

St. Andrew's Weekday School



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www.standrewsumcschool.org**



**Anne Lee McDonald
Director**

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