2021-2022

HEYWARD STREET PRESCHOOL

REGISTRATION APPLICATION

CHILD'S NAME _____NICKNAME _____ BIRTHDATE _____

HOME PHONE# _____

ADDRESS _____ CITY _____ ZIP CODE _____

E-MAIL ADDRESS _____

FATHER'S NAME _____ OCCUPATION _____ WORK PHONE_____

MOTHER'S NAME _____ OCCUPATION _____ WORK PHONE_____

EMERGENCY PHONE (friend or relative): _____

NAME PHONE

CHILD'S PHYSICIAN: _____phone #_____

Name(s) of persons authorized to pick up child from school:

_____Person's drivers license # _____

_____Person's drivers license # _____

Does your child have any allergies? _____ Yes _____ No

If Yes, please list all allergies: _____

REGISTRATION INFORMATION

_____ $90.00 REGISTRATION FEE DUE WITH THIS APPLICATION (per family)

_____ DHEC HEALTH FORM (Obtained from physician or health clinic)

_____ HANDBOOK SIGNATURE FORM (back of handbook - sign & return for your child's file)

TUITION FEES for 2, 3 and 4 year old classes: (please indicate your preferred class)

_____ 2 Days/week, T/Th $56/week or $225/month

_____ 3 Days/week, MWF $65/week or $260/month

_____ 5 Days/week M-F $76/week or $315/month

EXTENDED CARE:

_____ 2 Days/week, T/Th $60/week or $240/month

_____ 3 Days/week, MWF $70.50/week or $282/month

_____ 5 Days/week M-F $89.50/week or $358/month

SUPPLY FEE:

_____ $75 due by January 15

_____

Parent's signature date