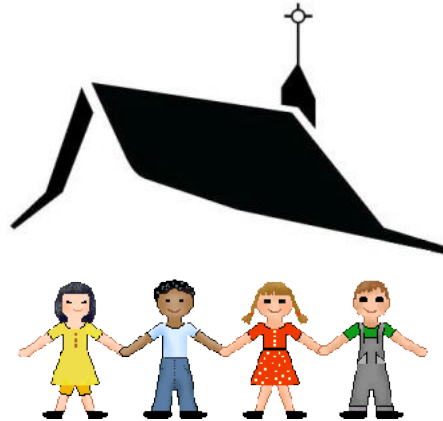


# ST ANDREWS BAPTIST CHURCH WEEKDAY PRESCHOOL



## 2024-2025 REGISTRATION PACKET

Merri Christy Tolar- Director

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## St. Andrews Baptist Weekday Preschool Information

Thank you for your interest in St. Andrews Baptist Weekday Preschool. This Registration Information document will provide you with information about our programs, center hours, costs, and requirements. The attached Registration Form must be completed and returned to the Weekday Preschool with the required non-refundable \$100 registration fee.

In-house registration for the 2024-2025 school year will be open until March 28, 2024 for students currently enrolled. On April 1, 2024, registration will open to those on the waiting list and to the general public.

The St. Andrews Baptist Weekday Preschool is a ministry of St. Andrews Baptist Church. The **Full Day Program** is a 50-week program that is paid weekly. Tuition is based on hours needed: **Less than 36 hours per week or 36 or more hours per week.**

The goal of the St. Andrews Baptist Weekday Preschool is to provide our children with a safe and secure learning environment based on Christian principles where teachers integrate Bible stories, songs, and thoughts into all the children's activities. We are thankful for the opportunity to begin laying a strong spiritual foundation in the lives of these children. Children are presented age-appropriate activities to assist in social, educational, and physical development. Classes have a low student/teacher ratio.

The Weekday Preschool is assisted by the Pastor and the Weekday Preschool Committee elected by members of St. Andrews Church annually. These committee members work closely with the Preschool Director to plan, develop, evaluate, and support this area of the church's ministry to our preschool.

## Full Day Preschool Program (Ages 6 weeks – Four)

The **Full Day Preschool Program** operates between the hours of 7:30 a.m. and 6:00 p.m. All students must attend during the hours of 9:00 a.m. to 12:00 p.m. Parents contract for the Full Day Weekday Preschool Program hours and will be charged for the contracted hours. These hours may be changed with a two-week written notice if staffing allows. *Tuition is charged based on the child's age as of September 1, 2024, and number of hours per week.*

### **Tuition for Infants, Crawlers, Ones and Twos** (Promoted developmentally)

**Less than 36 hours per week ....\$195 per week paid at the beginning of the week**

**36 or more hours per week...\$225 per week paid at the beginning of the week.**

### **Tuition for Threes and Fours** (by September 1, 2024)

**Less than 36 hours per week .....\$185 per week paid at the beginning of the week**

**36 or more hours per week...\$215 per week paid at the beginning of the week.**

**The Full Day Preschool Program is a 50 week per year program from August 19, 2024, to August 13, 2025.** Tuition is divided into 50 weekly payments that are due on the first school day of the week. **The entire preschool is closed for the week of Christmas, December 23<sup>rd</sup> – 27<sup>th</sup>, and the July 4<sup>th</sup> week, June 30<sup>th</sup> – July 4<sup>th</sup>, therefore no tuition is charged for those weeks.** Holiday weeks are charged the full weekly tuition rate.

**Holidays:** The Preschool Program is open year-round except for the following holidays: Labor Day...Thanksgiving Day...Day after Thanksgiving... New Year's Day...MLK Holiday...Presidents' Day...Good Friday... Memorial Day... (If a holiday falls on a weekend, we will observe it either the day before or after the holiday)

**Teacher In-Service Days:** The entire preschool is closed July 25<sup>th</sup> and 26<sup>th</sup> and August 15<sup>th</sup> – 16<sup>th</sup> for teacher In-service for 2024. (These dates are July 24<sup>th</sup> and 25<sup>th</sup> and August 14<sup>th</sup> – 15<sup>th</sup> for 2025.)

**Preschool Supply Fee:** There is an **\$80 supply fee** paid twice a year at the beginning of each semester (due by August 31<sup>st</sup> and January 31<sup>st</sup>)

**Items Required for the Preschool Program**

- A full change of clothing, including socks, shoes and underclothes
- A tri-fold, waterproof rest mat which will remain at school. Mark your child's name at both ends with permanent marker
- Blankets, will be stored at school during the week
- Infants and Babies must provide bottles of milk/pre-mixed formula
- Diapers and wipes, if appropriate
- Lunch packed from home in an insulated bag with ice pack

**Snacks and Lunch:** Snacks will be provided each day during the morning hours and again in the afternoon hours. Water is served with snacks and at lunch. Students must bring their lunch in an insulated bag with an icepack. Infants will only be offered bottles of milk/formula and snacks provided by their parent.

# St. Andrews Baptist Church Weekday Preschool

## Additional Financial Information

Registration Fee- \$100 (can be check, cash or paid online)

Our hours are from 7:30 a.m. until 6:00 p.m. Monday through Friday. For the preschool program, you will pay the weekly tuition for **50 WEEKS PER YEAR**. Each family needs to complete a contract for hours needed. The contracted rate is based upon the child's age as of September 1, 2024. Payments are due by Wednesday of each week. A late fee of \$15.00 per week will be added to account balance if not paid by 10:00 a.m. Wednesday (or the first day back following an absence). **Failure to bring your account current within two weeks may result in dismissal.** We encourage monthly payments in advance. Your statement will reflect the credit amount until the end of the month. If you are contracted for 36 hours or less and your total hours for the week exceed 36 hours, you will be charged an additional \$30.00 for that week.

**Returned Check Charge:** There will be a \$25.00 charge added to your account for a returned check. If two of your checks are returned, further payments will be made on a cash or money order only basis.

**Tuition Payment in Arrears:** If the tuition payment or a payment plan is not made within 2 weeks from leaving the school, a certified letter will be sent to you, explaining your options. Your account will then be turned over to a collection agency and collection proceedings will continue until payment is made in full.

**Late Pick-up Fees:** We open at 7:30 a.m. and close at 6:00 p.m. Any child picked up after the closing time of 6:00 p.m., will be charged a late fee of \$1.00 per minute. Please call the office if you are going to be late.

**Tuition deductions:** No tuition deductions are made for absences, holidays, or inclement weather. If we close because of inclement weather, we are not required to make up those days and time is not scheduled in our year to do so. Tuition will be applied at the regular amount owed.

**Sibling discount:** We offer a discount to families of multiple children. The second child attending the school will receive a \$15.00 discount on tuition. A 60-day written notice will be given if changes are made.

### Please Note

**All Following Attached Forms Must Be Submitted Prior to Admission.**

**An Updated Immunization Record must also be submitted prior to admission. The Immunization Record must be updated whenever new immunizations are received. The Immunization Record must be on an official DHEC Form.**

**St. Andrews Baptist Weekday Preschool**  
**Registration Form**  
**2024-2025**

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name Used at Home \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_

Telephone # \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

**FOR A STUDENT TO ENROLL IN A CLASS,  
THE CHILD MUST MEET THE FOLLOWING AGE REQUIREMENTS**

FOUR YEAR CLASS	Child must be four by Sept. 01, 2024
THREE YEAR CLASS	Child must be three by Sept. 01, 2024
TWO YEAR CLASS	Child must be 24 months to begin
ONE YEAR OLD CLASS	Child must be 12 months to begin
CRAWLER CLASS	Child must be 5 months to begin
INFANT CLASS	Child must be 6 weeks old to begin

\_\_\_\_\_ Family is a SABC Member  
\_\_\_\_\_ Child Currently Enrolled  
\_\_\_\_\_ Sibling Currently Enrolled  
\_\_\_\_\_ Family Previously Enrolled  
\_\_\_\_\_ Family New to Preschool

**OFFICE USE ONLY:**

Date Registration Received \_\_\_\_\_  
Expected Enrollment Date \_\_\_\_\_  
Reg. Fee Paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_

# St. Andrews Baptist Church Weekday Preschool

## Child's Information

How did you learn of our center? \_\_\_\_\_

Parents married? \_\_\_\_\_ Parents divorced? \_\_\_\_\_ Parents separated? \_\_\_\_\_ Legal Guardian? \_\_\_\_\_  
(If appropriate, please provide SABC Weekday Preschool with copy of court papers regarding custody.)

Name of siblings with ages: \_\_\_\_\_

\_\_\_\_\_

Previous Program(s) Attended: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

Denomination/Church: \_\_\_\_\_

Special information concerning your child that will be helpful to SABC Preschool:

\_\_\_\_\_

Allergies, health concerns, and daily medications involving your child:

\_\_\_\_\_

### Emergency Information:

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

### Persons Authorized To Act for Parents In Case Of Emergency (Local Only)

Contact Person #1: \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact Person#2: \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

**(Please make sure they know you have given us their name)**

*I give permission to SABC Preschool to take whatever emergency (i.e., first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of this program. It is understood that the staff may need to contact local emergency resources before the parent, child's physicians and/or other adult acting on the parent's behalf. If the local emergency resources deem it necessary to transport my child, it will be to the closest hospital facility.*

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

## Authorization for Child Pick Up

The following listed individuals have permission to pick up my child from St. Andrews Baptist Church Preschool. The name, relationship, phone numbers of persons authorized to pick up a child from the program must be recorded on this form. When one of these individuals comes to pick up a child, verification of identification, (such as a valid driver's license, other picture I.D., or family code word) will be required for anyone not known by the staff.

Our Family Code Word: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

*I have read and understand the St. Andrews Baptist Church Preschool policy on pick up authorization.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Contract for Preschool Program (Ages 6 Weeks – 4 years-old)**

**Available Hours- 7:30 am – 6:00 pm**

**August 19, 2024 - August 13, 2025**

**Child's Name** \_\_\_\_\_

A non-refundable Registration Fee of \$100 is due when the registration form is submitted in order to hold a space in the Full Day Preschool Program. ***Space is not reserved until the fee is paid.***

There is a Supply Fee for the Preschool Program. An \$80 fee is due twice a year (by August 31 and January 31).

All children must attend during the preschool hours of 9:00 to 12:00. Other hours are selected to meet your needs. These hours are contracted with the Preschool and tuition is due by Wednesday of each week. ***Your contracted price for the entire year is based on your child's age on September 1, 2024.*** The Preschool Program is for 50 weeks per year.

**Hours Needed:**

**Class Requested:**

\_\_\_\_\_ **Less Than 36 Hours per Week**

\_\_\_\_\_ Four-Year-Old

TUITION FOR LESS THAN 36 HOURS PER WEEK

\_\_\_\_\_ Three-Year-Old

Infants, Crawlers, Ones and Twos - \$195 per week

\_\_\_\_\_ Two-Year-Old

Threes and Fours (by 9/1/2024) - \$185 per week

\_\_\_\_\_ One-Year-Old

\_\_\_\_\_ **36 or More Hours per Week**

\_\_\_\_\_ Crawler Class

TUITION FOR 36 OR MORE HOURS PER WEEK

\_\_\_\_\_ Infant Class

Infants, Crawlers, Ones and Twos - \$225 per week

Threes and Fours (by 9/1/2024) - \$215 per WEEK

**Indicate Exact Hours Needed Each Day of the Week**

**Monday** ..... Arrive \_\_\_\_\_ Depart \_\_\_\_\_ Total Hours \_\_\_\_\_

**Tuesday** ..... Arrive \_\_\_\_\_ Depart \_\_\_\_\_ Total Hours \_\_\_\_\_

**Wednesday** .... Arrive \_\_\_\_\_ Depart \_\_\_\_\_ Total Hours \_\_\_\_\_

**Thursday** ..... Arrive \_\_\_\_\_ Depart \_\_\_\_\_ Total Hours \_\_\_\_\_

**Friday**..... Arrive \_\_\_\_\_ Depart \_\_\_\_\_ Total Hours \_\_\_\_\_

Total Hours per Week \_\_\_\_\_

**Full Day Preschool Program** I agree to pay \$ \_\_\_\_\_ per week due on Wednesday of each week. This program is for 50 weeks per year. I have read and agree to the Preschool's Late Tuition/Preschool Program Payment Policy and the Return Check Policy. I understand that my child will not be allowed to attend if payments are not made according to these policies. A two-week written notice must be given if I withdraw my child from the program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# St. Andrews Baptist Church Weekday Preschool

## Policy and Procedure for Illness and Administering Medication

Medication (prescription or over the counter) will not be administered unless the Director has a signed permission slip from the parent explaining the exact dosage, time, and duration of treatment. These slips are available in the office. Any medication must be given in the original container, be labeled with the child's name, and be given to the Director or the child's teacher.

A child who is taking an antibiotic **must take the medication for at least 24 hours and be fever free for 24 hours to be considered non-contagious and allowed to return to the preschool.**

Your child should not attend school if he/she has had any of the following symptoms within the **previous 24 hours**:

1. Fever of 100.4 degrees or above
2. Contagious disease
3. Sore throat or swollen glands accompanied by a fever.
4. Earache accompanied by a fever.
5. Undiagnosed red eyes or drainage from the eyes
6. Vomiting or diarrhea within the past 24 hours
7. Untreated head lice, ringworms, or scabies
8. Persistent cough or runny nose

*\*Note: These policies are subject to change if public health conditions deem necessary.*

Thank you for respecting these policies.

*I have read and understand the St. Andrews Baptist Church Preschool policy on administering medicine and illness.*

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Class

# St. Andrews Baptist Church Weekday Preschool

## Field Trip Parent / Guardian Consent Form

This Parent/Guardian Consent Form must be completed **for all children of all ages registered in the St. Andrews Baptist Church Preschool**. This is required by DSS. No child will be allowed to leave the church on a field trip without this signed form on file. Individual field trip permission forms will be distributed for all field trips and these must be signed by the same person who signed this consent form.

*I give my permission for my child to go on field trips with St. Andrews Baptist Preschool. I understand that I will be notified prior to each trip of all plans, fees, and arrangements and will need to complete an individual field trip permission form for each scheduled field trip. I, the undersigned, am legally authorized to sign the Parent/Guardian Consent form, and hereby give my full consent for my child to participate in field trips and related activities conducted by St. Andrews Baptist Church Preschool. Moreover, I release the supervisors/instructors, or any person acting on behalf of St. Andrews Baptist Church Preschool from any and all liability which may result from this activity.*

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Parent's Signature

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Date

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Child's Name

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Class