



**LEARNING TODAY - LEADING TOMORROW**

**ENROLLMENT AGREEMENT FOR THE 2016-2017**

**SCHOOL YEAR**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age of Child as of 08/31/16 \_\_\_\_\_

Please place a check in the appropriate box below.

Check Box	Programs	Tuition and Annual Fees
	<b>Preschool</b> (Grades 3K-4K) 8:00am-2:30pm (M-TH) – Some Fridays (see attached calendar)	\$230 per month (11 months) <u>\$125 enrollment fee</u> \$2,655.00 per year
	<b>Lower Elementary</b> (Grades Kindergarten- 2 <sup>nd</sup> grade) 8:00am-2:30pm (M-TH) – Some Fridays (see attached calendar)	\$230 per month (11 months) <u>\$125 enrollment fee</u> \$2,655.00 per year
	<b>Upper Elementary</b> (Grades 3 <sup>rd</sup> – 6 <sup>th</sup> grade) 8:00am-2:30pm (M-TH) – Some Fridays (see attached calendar)	\$230 per month (11 months) <u>\$125 enrollment fee</u> \$50.00 testing fee \$2,705.00 per year

**Tuition Payments**

Tuition payments are due by the 10<sup>th</sup> of each month. A five-day grace period will follow. If payments aren't received after the grace period, **a \$15 fee will be charged**. All checks should be made payable to Hemingway Day School. **The first month's payment will be due by August 10, 2016.**

**Enrollment Fee**

The annual enrollment fee of \$125.00 is due to retain your child's place on the roster. **All enrollment fees are non-refundable.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Enrollment Application for Hemingway Day School 2016-2017 Academic Year

(Please submit one for each child.)

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Age (yr/mo) \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact: Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian Employer \_\_\_\_\_ Work # \_\_\_\_\_

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

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A \$125 registration fee must accompany this application to hold your child's seat on the roster. It is non-refundable and is not applied to tuition.

Please forward check made payable to: Hemingway Day School

**ATTN: Enrollment—Hemingway Day School**  
401 South Main Street  
Hemingway, SC 29554

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## Medical History

Child's physician: \_\_\_\_\_ Phone # \_\_\_\_\_

General condition of health: \_\_\_\_\_

List your child's allergies: \_\_\_\_\_

Does your child have asthma? \_\_\_\_ Yes \_\_\_\_ No

Has your child ever had a seizure? \_\_\_\_ Yes \_\_\_\_ No

Does your child take any medication on a regular basis? If so, please indicate medication \_\_\_\_\_

Does your child have any physical limitations or psychological conditions of which the school should be aware?

(Please be specific)

\_\_\_\_\_