

SUNBEAMS DAY SCHOOL

481 Hood Center Drive * Rock Hill * SC * 803-329-2892



Dear Parents,

It's that time of year! Registration for the 2017-2018 school year will open for current students and siblings on **Monday, February 13, 2017**. **Open registration for new students will begin on Monday, February 27, 2017**. Please keep in mind that registration is on a first-come basis. Your child is not registered until we receive your completed application along with your registration and materials fees.

In order to register your child for the fall, you must submit your completed application along with a **non-refundable** \$100 registration fee (\$70 for second child; \$30 for third child). Before your child begins Sunbeams in the fall, I will need a copy of a current SC immunization form to keep in your child's file.

2017-2018 Tuition Rates

Early Stay (<i>optional from 8:00 a.m. - 8:50 a.m. each morning</i>)	\$2/day
5 days a week (M-F)	\$ 180/month
4 days a week	\$160/month
3 days a week	\$145/month
2 days a week	\$120/month
Mother's Morning Out- only on Friday	\$12/day

There is a 10% discount on tuition for families with more than one child in the program. The first child pays full tuition and the other children receive the 10% tuition discount.

We strongly recommend that children in the four-year-old classes attend M-Th in order for them to be well prepared for kindergarten. This is not mandatory but suggested.

If you have any questions, please feel free to call me at 329-2892 or e-mail me at hollym@fbcrockhill.org.

In Christ,

Holly Matthews

Holly Matthews

Sunbeams Director

FBC Preschool Director

Sunbeams 2017-2018 Registration Form

FBC Sunbeams Days School 481 Hood Center Drive Rock Hill, SC 29730



☐ Male ☐ Female Child's Name _____ Goes by name _____

Child's Birth Date _____ Phone Number _____

Child's Mailing address: _____
Street City State Zip

☐ FBC Member ☐ We attend church @ _____ ☐ Not attending church at this time

Mother's Name _____ Phone Number _____

E-mail address _____

Address: _____
Street City State Zip

Father's Name _____ Phone Number _____

E-mail address _____

Address: _____
Street City State Zip

Emergency Information

Mother's Work Number/Cell _____ Father's Work Number / Cell _____

Name of emergency contact _____ Phone number _____

Child's Doctor _____ Phone Number _____

Any allergies/special needs your child has: _____

Requires an Epipen? ☐ Yes ☐ No

Names of those authorized to pick up your child: _____

Select attendance choice and write in the blank provided:

Beginners(15 months by Sept.1,2017)

2 days/week _____ (M,Tu,W,Th)
3 days/week _____ (M,Tu,W,Th,F)
4 days/week _____ (M,Tu,W,Th,F)
5 days/week _____

Three Years Old (3 years old by Sept.1,2017)

2 days/week _____ (M,Tu,W,Th)
3 days/week _____ (M,Tu,W,Th,F)
4 days/week _____ (M,Tu,W,Th,F)
5 days/week _____

Two Years Old (2 years old by Sept.1,2017)

2 days/week _____ (M,Tu,W,Th)
3 days/week _____ (M,Tu,W,Th,F)
4 days/week _____ (M,Tu,W,Th,F)
5 days/week _____

Four Years Old (4 years old by Sept.1,2017)

2 days/week _____ (M,Tu,W,Th)
3 days/week _____ (M,Tu,W,Th,F)
4 days/week _____ (M,Tu,W,Th,F)
5 days/week _____

Mother's Morning Out-Fridays only \$12/day _____

Checks payable to FBC Sunbeams

Due at time of application:

Registration fee-\$100 for first child (\$70 for second child; \$30 for third)

Registration Fee _____ Date _____ Check No. _____