

SUNBEAMS DAY SCHOOL

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



Dear Parents,

Registration for the 2024-2025 school year will open for current students and siblings on **Monday, February 5, 2024**. **Open registration for new students will begin on Tuesday, February 20, 2024**. Applications for new students will not be accepted until **Tuesday, February 20, 2024**.

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 fee. You will receive an email confirming your child's acceptance. (Registration fees will only be deposited if there is a spot for your child.)

In order to register your child for the fall, you must submit your completed application along with a **non-refundable** \$150 registration fee (\$125 for second child; \$100 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.

2024-2025 Tuition Rates

Early Stay (<i>optional from 8:00 a.m. - 8:45 a.m. each morning</i>)	\$3/day
4 days a week	\$240/month
3 days a week	\$215/month
2 days a week	\$180/month

(Sunbeams operates Monday-Thursday.)

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 the rigorous kindergarten curriculum.

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
Director of Preschool and Children—FBC-Rock Hill

Sunbeams 2024-2025 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 _____ Primary Contact Number _____

Child's Mailing address: _____

Street City State Zip

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

Mother's Name _____ Work Number _____

E-mail address _____

Address: _____

Street City State Zip

Father's Name _____ Work Number _____

E-mail address _____

Address: _____

Street City State Zip

May we include your name, address & email in a class list given to other classmates. ☐ Yes or ☐ No

Emergency Information

Mother's Cell# _____ Father's Cell# _____

Name of emergency contact _____ Phone number _____

Child's Doctor _____ Phone Number _____

Any allergies/special needs your child has: _____

Requires an Epipen? ☐ Yes ☐ No Potty Trained? ☐ Yes ☐ No ☐ In Process

Names of those authorized to pick up your child: _____

Select attendance choice and write in the blank provided:

Beginners (15 months by Sept.1,2024)

2 days/week _____ (M, Tu, W, Th)

3 days/week _____ (M, Tu, W, Th)

4 days/week _____ (M, Tu, W, Th)

Three Years Old (3 years old by Sept.1, 2024)

2 days/week _____ (M, Tu, W, Th)

3 days/week _____ (M, Tu, W, Th)

4 days/week _____ (M, Tu, W, Th)

Two Years Old (2 years old by Sept.1, 2024)

2 days/week _____ (M, Tu, W, Th)

3 days/week _____ (M, Tu, W, Th)

4 days/week _____ (M, Tu, W, Th)

Four Years Old (4 years old by Sept.1, 2024)

2 days/week _____ (M, Tu, W, Th)

3 days/week _____ (M, Tu, W, Th)

4 days/week _____ (M, Tu, W, Th)

Checks payable to FBC Sunbeams

Due at time of application:

Registration fee-\$150 for first child (\$125 for second child; \$100 for third)

Registration Fee _____ Date _____ Check No. _____