

St. David's Episcopal Day School
Summer 2026 Registration Form

Registration Fee \$ _____

Check # _____

Date _____

Office Use Only

T-shirt Size _____

T-shirt Rec'd _____

Child's Last Name (PLEASE PRINT) _____ First Name _____ Middle Name _____ Nickname _____

Date of Birth _____ Age as of May 31, 2026 _____ Current School/Grade/District _____

Home Address _____ Street _____ City _____ State _____ Zip+Four _____ Home Telephone _____

Parent/Guardian (1) _____ Cell Phone _____ Work Phone _____ Email _____

Parent/Guardian (2) _____ Cell Phone _____ Work Phone _____ Email _____

Child lives with _____ Parent/Guardian 1 _____ Parent/Guardian 2 _____ Both _____ Other _____
(If applicable, the office must have a copy of any custody/court order)

Language Spoken at Home _____ List names/ages of siblings _____

Allergies, Medical Conditions, Anything Information We Need to Know _____

Fees and Schedules:

- All school year tuition and fees must be paid in full before Summer 2026 begins.
- You are making a commitment to pay for the weeks that you indicate your child will attend. No allowance will be made for illnesses or other last-minute absences.
- There will be a \$25 change fee for any deletions of weeks registered.

REGISTRATION FEE: ALL SUMMER: \$ 150.00 SINGLE MONTH: \$65 EACH

WEEKLY RATES:

Morning Program 8:00 to 12:00 Noon

5 days per week (M-F) \$ 195.00

4 days per week (M-Th) \$ 170.00

3 days per week \$ 150.00

Full Day Program 8:00 to 5:00 pm

5 days per week (M-F) \$ 375.00

4 days per week (M-Th) \$ 330.00

3 days per week \$ 285.00

Stay & Play Daily Rate: \$ 15.00 Weekly Rate: \$ 75.00

Pizza Wednesdays: \$ 10.00 (if enrolled for full day)

(Please sign up on the clipboard or email or send a Procure message to the office)

Child's Full Name

Child's Date of Birth

SUMMER 2026 CALENDAR: FOR EACH DAY ATTENDING INDICATE:

"F" for full day (8:00 am-5:00 pm) or 'H' for half day (8:00 am-12 pm).

Your child's schedule must be the same every day of the week.

	Mon	Tues	Wed	Thurs	Fri		Mon	Tues	Wed	Thurs	Fri
JUNE CLOSED	1 CLOSED	2 CLOSED	3 CLOSED	4 CLOSED	5 VISIT	AUGUST WEEK 9	3	4	5	6	7
WEEK 1	8	9	10	11	12	WEEK 10	10	11	12	13	14
WEEK 2	15	16	17	18	19 CLOSED	WEEK 11	17	18	19	20	21
WEEK 3	22	23	24	25	26	WEEK 12	24	25	26	27 CLOSED	28 CLOSED
JUNE/JULY WEEK 4	29	30	1	2 CLOSED	3 CLOSED						
JULY WEEK 5	6	7	8	9	10						
WEEK 6	13	14	15	16	17						
WEEK 7	20	21	22	23	24						
WEEK 8	27	28	29	30 CLOSED	31 CLOSED						

Child's Full Name

Date of Birth

If your child has a prescription for an EpiPen or an inhaler, you must provide the unexpired device and prescription when your child is present. All medications must be signed in in the log and secured in the appropriate box. _____ Parent Initials

Sunscreen cannot be applied to your child unless you provide it, it is labeled with your child's name, and you have completed the appropriate Medication Application Form. _____ Parent Initials

LIABILITY WAIVER

I hereby certify that my child(ren) is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by St David's Episcopal Day School. I acknowledge that St David's Episcopal Day School will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event St David's Episcopal Day School is unable to reach a parent, guardian or any emergency contact, I hereby give permission for my child(ren) to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize any of the staff or employees to provide for, approve, and authorize health care at a hospital.

Parent Signature

Date Signed