



342 Meeting Street Charleston, South Carolina 29403  
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2021-22 Registration Form

**Tuition deposit: \$300.** paid \_\_\_\_\_

Classes: Toddlers (child must be 2 by Dec. 31) 2 days per week \_\_\_\_\_ 3 days per week \_\_\_\_\_ 5 days per week \_\_\_\_\_

Older Twos (child must be 2 years old by March 31, 2021)

(5 days per week) 2 days per week \_\_\_\_\_ 3 days per week \_\_\_\_\_ 5 days per week \_\_\_\_\_

Threes (child must be 3 by Sept. 1, 2021) (5 days per week)

Fours (child must be 4 by Sept. 1, 2021) (5 days per week) \_\_\_\_\_

Kindergarten (5 days per week-Full day) \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Name called \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Zip Code \_\_\_\_\_ Main Telephone \_\_\_\_\_

Father's name \_\_\_\_\_ Telephone-Business \_\_\_\_\_  
Cell \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Please give us the most often read e-mail

Mother's name \_\_\_\_\_ Telephone-Business \_\_\_\_\_  
Cell \_\_\_\_\_  
Religious affiliation/Church \_\_\_\_\_

Name and address of person responsible for tuition and fees:

\_\_\_\_\_

Other children in the family\*:

Name	Date of birth	School
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\_\_\_\_\_

\_\_\_\_\_

\*Please indicate names of siblings who attended SPK

Health Information:

Allergies:

Childhood diseases:

Any serious injury, illness, or conditions?

Please use the back of this form if you need more space.

Emergency contact (Person to call when parents cannot be reached):

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Please indicate names of persons/caregivers (other than parents) who will be allowed to pick your child up from school:

Name \_\_\_\_\_ Name \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Parent's signature \_\_\_\_\_ date \_\_\_\_\_