

**Whitemarsh Day School
Student Registration Form
2025-2026 School Year**

(Please Print Neatly)

Child's Name: _____
Last First M.I. Preferred

Birthdate: _____ Gender M / F

Current Address: _____

City: _____ State: _____ Zip: _____ Home Phone _____

Parent/Guardian's Name _____

Relationship to student _____

Email: _____

Home Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Work Phone: _____

Parent/Guardian's Name _____

Relationship to student _____

Email: _____

Home Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact (when parents can't be reached): _____

Relationship: _____ Phone: _____

Alternate Phone: _____

Names of people authorized to pick up your child: (other than parents)

_____ Relationship: _____

For Office Use Only

Registration/Supply Fee Paid \$ _____ Date Paid _____ Days Enrolled M T W T H F

Method of Payment Cash Check Card Date of Enrollment _____

Whitemarsh Day School

2025-2026 Classes and Monthly Fees

The preschool registration fee is \$160 and is due with the application. The student supply fee is \$125.00 and is also due with your application. If registering more than one child, the family registration fee is \$260.00; However, the supply fee is \$125.00 for every child. The registration fee is nonrefundable.

Number of Days Attending	Monthly Tuition
2 days (Tuesday/Thursday)	\$270.00
3 days (M/W/F)	\$340.00
5 days (Mon-Fri)	\$410.00

Tuition payments are due on the 1st of each month. If paid after the 5th, a late fee of \$40 will be applied. Your child may not return to school until all payments and fees are rendered.

Please indicate your class preference

2.5 year old and toilet trained by August 1, 2025

Tuesday/Thursday _____ Mon/Wed/Fri _____ Mon-Fri _____

3 year old by August 1, 2025

Tuesday/Thursday _____ Mon/Wed/Fri _____ Mon-Fri _____

4-5 year old by August 1, 2025

Tuesday/Thursday _____ Mon/Wed/Fri _____ Mon-Fri _____

I acknowledge that I am fully responsible for my child being toilet trained by September 2025. If not, I understand that I will forfeit my child's spot at WDS.

X _____ Date _____

Our School opens at 9am and our arrival time is from 9-9:15am. We ask that you make every effort to arrive on time. Late arrivals can be disruptive for the group, difficult for the child entering, and can alter the flow of our program. We know that leaving the house in the morning can be difficult with young children, but we ask for your understanding. We want each child to get the most out of our preschool experience.

In most cases, we follow the Chatham County Public Schools Calendar for holidays and teacher workdays, and use SCCPS inclement weather decisions as a guide for our own inclement weather policy. Our preschool year begins the day after Labor Day and ends in the middle of May. Hours of operation are from 9am-1pm

Terms of Enrollment

- **A \$160.00 Non-Refundable Registration Fee is due with this application packet.**
- **A \$125 Activity and Materials Fee is due with this application packet**

Withdrawal/Refund Policy:

- If a child is withdrawn before July 1st, the registration fee is forfeited; materials fee is refunded.
- If a child is withdrawn after July 1st, the registration fee and supply fee is forfeited; no refund is given.
- If a child is withdrawn after the preschool year begins, you will forfeit all advance payments and still be responsible for any past due balances. **You will also be responsible for paying the remainder of your tuition if a written notice has not been received 30 days prior to withdrawal.**

I UNDERSTAND THAT:

- Fees for the school year are calculated on an annual basis and divided evenly over nine months beginning September 1, 2025. Therefore, no fees or tuition will be prorated due to school closings for any reason.
- The school cannot take responsibility for school closings necessitated because of health, safety, inclement weather, holidays, or any other emergencies that may arise.
- **It is my responsibly to return all health, emergency, and permission forms immediately in order for my child to attend the first day of class. Not submitting these forms on time could defer my child's attendance in the program.**
- Upon my child's acceptance into the program, I give my permission for him/her to participate in all school activities unless otherwise stated in written form and submitted to WDS.
- My child will bring his/her lunch, provided by me.
- Before medication can be dispensed to my child, I must request and complete an Authorization for Medication form provided by WDS.
- It is the policy of WDS to allow photographs and video footage of students to be used in WDS produced materials, including but not limited to websites, brochures, posters and other printed materials. Parents and guardians may request photographs and video footage of students not be used by completing the form included in the Registration Packet from the preschool.

WDS may terminate my child's enrollment in the school if:

- Health and emergency forms are not submitted by September 1, 2025 or before my child's first day of school;
- In the judgment of the Director and Staff, the child's behavior threatens the physical or mental health of other children in the program;
- In the judgement of the Director and Staff, the program does not meet the developmental needs of the child;
- Tuition payments are delinquent by two (2) months

Payment Options

Please check the box next to your choice of payment options from the following:

- Full Payment By September 1, 2025 (by check or cash)
- Monthly payment made by check or cash *Make checks payable to Whitemarsh Day School
- Automatic Monthly Payments (a convenience fee will be added to this option)

I have read and agree to the above terms:

Parent Signature

Date

Parent Signature

Date

Whitemarsh Day School
4802 Kim Street
Savannah, GA 31410
(912) 659-8185

Emergency Medical Consent Form

Whitemarsh Day School has my permission to obtain emergency medical treatment for my child,
_____ when I cannot be reached or if a delay in reaching my child would be
dangerous for him/her.

Mother/Guardian's Name _____
Home Phone _____ Cell Phone _____
Email address _____

Father/Guardian's Name _____
Home Phone _____ Cell Phone _____
Email address _____

Insurance provider _____ Policy Number _____

Preferred Doctor _____

Preferred Hospital/Treatment Center _____

My child is taking the following medications

My child has the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child
while he/she is at Whitemarsh Day School,

Parent Signature

Date

Whitemarsh Day School
4802 Kim Street
Savannah, GA 31410
(912) 659-8185

Parent Release Form for Media Recording

I, the undersigned, hereby grant permission to Whitemarsh Day School (WDS) to use the image of my child, _____, as marked by my selection(s) below.

Please check one choice in the blank

_____ I DENY permission to use my child's image in any manner.

_____ I GRANT permission for WDS to use my child's image and voice recordings in the following manners: (Check all which you give permission.)

Limited usage within Whitemarsh Day School: WDS may use images, videos, and recordings of my child within the school only, not in the larger community. For example, posting your child's image on bulletin boards within the building or on our school app, Bloomz.

Unrestricted usage: I give WDS unrestricted permission for images, videos, and recordings of my child to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I understand that my child's name will not be used in conjunction with any video or digital images.

Name (print) : _____

Signature: _____ Date _____

Please make a copy of this form for your own records and return the original to:

Whitemarsh Day School
4802 Kim Street
Savannah, GA 31410

If you have questions, contact Miranda Maher at (912) 659-8185

Whitemarsh Day School
4802 Kim Street
Savannah, GA 31410
(912) 659-8185

Whitemarsh Day School Exemption Letter

Dear parents,

As a childcare program in the state of Georgia, Whitemarsh Day School is exempt from the state licensing procedures. This exemption (591-1-1-.46 (1) (b) (6)) has been approved by Bright From The Start: Georgia Department of Early Care and Learning. The exemption for Whitemarsh Day School contains the following conditions: a preschool providing care for ages two (2) years through six (6) years of age that operates no more than four (4) consecutive hours per day.

Although Whitemarsh Day School is not required to be licensed by the state of Georgia, we strive in every way to follow the guidelines put forth by Bright from the Start. The teachers at Whitemarsh Day School follow these guidelines because we feel strongly that it provides the best for our children and holds our school to a higher standard.

I, the undersigned, understand that Whitemarsh Day School is not licensed by the state of Georgia and is not required to be licensed.

Signature

Date

Signature

Date